


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90160 002 \*\*\*150.00

<b>DOCUMENT # P98000018593</b>		
1. Entity Name 3051 INDUSTRIAL ENTERPRISES, INC.		

Principal Place of Business 3051 INDUSTRIAL 25TH STREET FORT PIERCE, FL 34946	Mailing Address 3051 INDUSTRIAL 25TH STREET FORT PIERCE, FL 34946
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2. Principal Place of Business 777 SW Pelican Lane Suite, Apt. #, etc.	3. Mailing Address 777 SW Pelican Lane Suite, Apt. #, etc.
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City & State Port St. Lucie, FL	City & State Port St. Lucie, FL
Zip 34986	Country US
Zip 34986	Country US

6. Name and Address of Current Registered Agent MCHUGH, JOHN J JR 333 17TH STREET SUITE U VERO BEACH, FL 32960		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOSER, RON 3051 INDUSTRIAL 25TH STREET FORT PIERCE, FL 34946 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Arnold Boser, Pres.* **4-27-05 72891-6372**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #