

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90271 029 ***150.00

1. Entity Name DELRAY PHOENIX, INC.																																																																																																																																			
Principal Place of Business 130 NW 8TH AVE DELRAY BEACH, FL 33444			Mailing Address POST OFFICE BOX 421 DELRAY BEACH, FL 33447 255 NE 2ND AVE, Pmb 123 Delray Beach, FL 33444																																																																																																																																
2. Principal Place of Business			3. Mailing Address																																																																																																																																
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																
City & State			City & State																																																																																																																																
Zip		Country		Zip																																																																																																																															
Country		Country		4. FEI Number 65-0836028																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																															
6. Name and Address of Current Registered Agent WEATHERSPOON, JIMMY 130 NW 8TH AVENUE DELRAY BEACH, FL 33444				7. Name and Address of New Registered Agent																																																																																																																															
Name				Street Address (P.O. Box Number is Not Acceptable)																																																																																																																															
City				FL Zip Code																																																																																																																															
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) _____ DATE _____																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">PC WEATHERSPOON, JIMMY</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;"></td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">130 NW 8TH AVE</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">DELRAY BEACH, FL 33444</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">S</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">BROWN, WILBERT</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">10341 W. TARA BLVD.</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">BOYNTON BEACH, FL 33435</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">T</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">COOPER, EARNESTINE</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">5340 LAS VERDES CIRCLE</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">DELRAY BEACH, FL 33484</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PC WEATHERSPOON, JIMMY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	130 NW 8TH AVE		NAME			STREET ADDRESS	DELRAY BEACH, FL 33444		STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	BROWN, WILBERT		NAME			STREET ADDRESS	10341 W. TARA BLVD.		STREET ADDRESS			CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP			TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	COOPER, EARNESTINE		NAME			STREET ADDRESS	5340 LAS VERDES CIRCLE		STREET ADDRESS			CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																
TITLE	PC WEATHERSPOON, JIMMY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME	130 NW 8TH AVE		NAME																																																																																																																																
STREET ADDRESS	DELRAY BEACH, FL 33444		STREET ADDRESS																																																																																																																																
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME	BROWN, WILBERT		NAME																																																																																																																																
STREET ADDRESS	10341 W. TARA BLVD.		STREET ADDRESS																																																																																																																																
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP																																																																																																																																
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME	COOPER, EARNESTINE		NAME																																																																																																																																
STREET ADDRESS	5340 LAS VERDES CIRCLE		STREET ADDRESS																																																																																																																																
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP																																																																																																																																
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																
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: <u>Jimmy Weatherspoon</u> <u>Jimmy Weatherspoon</u> <u>4-12-05</u> <u>561-265-3318</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>																																																																																																																																			

**ATTACHMENT**
Division of Corporations

40059322

Annual Report

Document Number

P98000018831

Business Entity Name

DELRAY PHOENIX, INC.

FEI Number

650836028

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No**Principal Place of Business**

Address

130 NW 8TH AVE

Suite, Apt. #, etc.

City, State

DELRAY BEACH**FL**

Zip Code & Country

33444**Mailing Address**

Address

255 N.E. 2nd. Ave

Suite, Apt. #, etc.

PMB#123

City, State

DELRAY BEACH**FL**

Zip Code & Country

33444**Name And Address of Registered Agent**

Name (Last, First, Middle, Title)

WEATHERSPOON, JIMMY

-or- RA Business Name

Address

130 NW 8TH AVENUE

Suite, Apt. #, etc.

City, State

DELRAY BEACH**FL**

Zip Code & Country

33444**US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature*Jimmy Weatherspoon 4-12-2005*

ATTACHMENT

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address

H0059322
P98000018881

Title P/C
Name (Last, First, Middle, Title) WEATHERSPOON, JIMMY
-or- Entity Name
Street Address 130 NW 8TH AVE
City, State DELRAY BEACH, FL
Zip Code & Country 33444

Title S/D
Name (Last, First, Middle, Title) BROWN, WILBERT
-or- Entity Name
Street Address 10341 W. TARA BLVD.
City, State BOYNTON BEACH, FL
Zip Code & Country 33435

Title T/D
Name (Last, First, Middle, Title) COOPER, EARNESTINE
-or- Entity Name
Street Address 5340 LAS VERDES CIRCLE
City, State DELRAY BEACH, FL
Zip Code & Country 33484

Title V/D
Name (Last, First, Middle, Title) BATTLE, JANINE
-or- Entity Name
Street Address 1580 S.W. 4th CIRCLE
City, State BOCA RATON, FL
Zip Code & Country 33486

Title D
Name (Last, First, Middle, Title) Straghn, Alfred
-or- Entity Name
Street Address 26 SW 5th Ave
City, State Delray Beach, FL

Division of Corporations

ATTACHMENT

Zip Code & Country 33444 Palm Beach H0059322
Title D #P 9800001883
Name (Last, First, Middle, Title) Hart Nadine
-or- Entity Name _____
Street Address 205 NW 2nd Street
City, State Delray Beach FI
Zip Code & Country 33444 Palm Beach

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title P/C
Officer/Director Signature Jimmy Weatherspoon

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

[Continue](#) [Reset](#)

[Start Over](#)

[Sunbiz Home Page](#)

[Annual Report Help](#)