

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90059 011 ***150.00

DOCUMENT # P98000041156

1. Entity Name
TOUCH O'GREEN OF FLORIDA, INC.



Principal Place of Business
103 BEAUMONT LANE
PALM BEACH GARDENS, FL 33410

Mailing Address
103 BEAUMONT LANE
PALM BEACH GARDENS, FL 33410

50013480



01312005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0850839

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TYSON, CLAY E
~~103 BEAUMONT LANE~~
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name

Street Address *4704 DOVEHILL DRIVE*

City

Palm Beach Gardens FL

Zip Code

33418

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

Signature, typed or printed name of registered agent and title if applicable

(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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TYSON, CLAY E
STREET ADDRESS ~~103 BEAUMONT LANE~~
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 ☐ Delete

TITLE VPD
NAME TYSON, LYDIA
STREET ADDRESS ~~103 BEAUMONT LANE~~
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP *4704 DOVEHILL DRIVE*
Palm Beach Gardens, FL 33418 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP *4704 DOVEHILL DRIVE*
Palm Beach Gardens, FL 33418 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-05 561-601-881