

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90117 001 \*4,445.00  
03-29-2005 90117 004 \*\*\*476.25

**66007854**



01052005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0833722**  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

HERRICK, NORTON  
C/O THE HERRICK COMPANY, INC.  
2295 CORP. BLVD., N.W., SUITE 333  
BOCA RATON, FL 33431

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

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPS	<input type="checkbox"/> Delete
NAME	HERRICK, NORTON	
STREET ADDRESS	2295 CORP. BLVD., N.W., SUITE 222	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	DPAS	<input type="checkbox"/> Delete
NAME	HERRICK, HOWARD	
STREET ADDRESS	2 RIDGEDALE AVE STE 370	
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	HERRICK, MICHAEL	
STREET ADDRESS	2 RIDGEDALE AVE STE 370	
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927	
TITLE	C	<input type="checkbox"/> Delete
NAME	KERMALLI, NISAR	
STREET ADDRESS	2 RIDGEDALE AVE STE 370	
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRICK, EVAN	
STREET ADDRESS	2 RIDGEDALE AVE #370	
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*[Handwritten Signature]* *[Handwritten: Cantrell ~ 3/22/05]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #