

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000054856

1. Entity Name  
POTTER'S HOUSE AT CANNON POINT, INC.



**FILED  
Apr 12, 2005 8:00 am  
Secretary of State**

04-12-2005 90127 005 \*\*\*158.75

Principal Place of Business 7342 NW 49 STREET LAUDERHILL, FL 33319	Mailing Address 7342 NW 49 STREET LAUDERHILL, FL 33319
2. Principal Place of Business 5820 NW 27 <sup>th</sup> CT	3. Mailing Address 5820 NW 27 <sup>th</sup> CT
Suite, Apt. #, etc. Lauderhill, FL	Suite, Apt. #, etc. Lauderhill, FL
City & State 33313 Broward	City & State 33313 Broward
Zip	Zip
Country	Country



4. FEI Number 65-0847437	Applied For
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable

6. Name and Address of Current Registered Agent

BUCHANAN, NEVILLE  
7342 NW 49TH STREET  
LAUDERHILL, FL 33319

Name Patricia Buchanan	
Street Address (P.O. Box Number is Not Acceptable) 5820 NW 27 <sup>th</sup> CT.	
City Lauderhill	
FL	Zip Code 33313

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: *Patricia Buchanan*

*3/30/05*

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**

8. 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 NAME STREET ADDRESS CITY-ST-ZIP	P BUCHANAN, NEVILLE 7342 NW 49TH STREET LAUDERHILL, FL 33319	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Buchanan Neville 7342 NW 49 <sup>th</sup> ST. Lauderhill, FL 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>* P</i> BUCHANAN, PATRICIA 7342 NW 49TH STREET LAUDERHILL, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Buchanan Heather 7342 NW 49 <sup>th</sup> ST. Lauderhill, FL 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Heather</i> V Buchanan Heather 7342 NW 49 <sup>th</sup> ST. Lauderhill, FL 33319	<input checked="" 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
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
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

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: *Patricia Buchanan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/30/05 954-4448-1557  
954-746-8584*

Date Daytime Phone #