

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90016 033 ***150.00

2006300



07052005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0879235

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, SUZANNE E
633 SE THIRD AVE
SUITE 301
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name: Suzanne E. Williams
Street Address (P.O. Box Number is Not Acceptable): 633 SE Third Avenue
Suite 301
City: Fort Lauderdale FL Zip Code: 33301

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

Suzanne E. Williams

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

(NOTE: Registered Agent signature required when reinstating)

7-5-05

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: RYAN, JOHN F
STREET ADDRESS: 1108 MANDARIN ISLE
CITY-ST-ZIP: FT LAUDERDALE, FL 33315

☐ Delete

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NAME:
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE:
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CITY-ST-ZIP:
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NAME:
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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

7-6-05

Date

Daytime Phone #