

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 28, 2005 08:00 AM  
Secretary of State

DOCUMENT # P99000032672

1. Entity Name

BADOS ENTERPRISES, INC.



Principal Place of Business  
15280 MEADOW WOOD DR.  
WELLINGTON FL 33414

Mailing Address  
15280 MEADOW WOOD DR.  
WELLINGTON FL 33414



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number 65-0912187

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SUMMERS, LEE C  
4913 SUGARPINE DR  
BOCA RATON FL 33487

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

Make Check Payable to Florida Department of State

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 PD  
NAME SCHWARTZ, KENNETH P  
STREET ADDRESS 15280 MEADOW WOOD DR.  
CITY- ST- ZIP WELLINGTON FL 33414 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
1100000338637  
04/28/05-80044-014 150.00 ☐ Change ☐ Addition

TITLE SD  
NAME SCHWARTZ, LINDA S  
STREET ADDRESS 15280 MEADOW WOOD DR.  
CITY- ST- ZIP WELLINGTON FL 33414 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
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CITY- ST- ZIP ☐ Change ☐ Addition

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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)(f), 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 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 #

KENNETH P. SCHWARTZ 4/23/2005 (601) 329-3040