


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000055915  
 1. Entity Name  
 P. R. FOUNDATIONS, INC.



Principal Place of Business      Mailing Address  
 70 PALM DR                              70 PALM DR  
 VENICE, FL 34292                      VENICE, FL 34292

**DO NOT WRITE IN THIS SPACE**



01102005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0932974      Not Applicable

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

6. Name and Address of Current Registered Agent

RHODES, PAUL N  
 70 PALM DR  
 VENICE, FL 34292

**DO NOT WRITE IN THIS SPACE**

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: Paul Rhodes      DATE: 1/31/05

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY - ST - ZIP	D RHODES, PAUL N 70 PALM DR VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000211083  
 02/02/05-80099-005 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Rhodes      Date: 1/31/05      Daytime Phone #: 941-809-8563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #