

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90004 004 ***550.00

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1. Entity Name

ADDIEWELL INVESTMENTS, INC.



Principal Place of Business

450 NE 20TH STREET, STE 109
BOCA RATON, FL 33431

Mailing Address

450 NE 20TH STREET, STE 109
BOCA RATON, FL 33431

50062318



08152005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0939849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ADDIE, ROBERT L
450 NE 20TH STREET, STE 109
BOCA RATON, FL 33431

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ADDIE, ROBERT L
STREET ADDRESS 450 NE 20TH STREET, STE 109
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ST
NAME COALE, ONYX L
STREET ADDRESS 450 NE 20TH STREET, STE 109
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

ROBERT L. ADDIE

8/14/05

Date

Daytime Phone #

561-860-3535