


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90080 024 ***150.00

DOCUMENT # P99000087946			
1. Entity Name THE WARBUCKS CORPORATION			
Principal Place of Business 624 WHITEHEAD ST KEY WEST, FL 33040		Mailing Address PO BOX 992 KEY WEST, FL 33041	
2. Principal Place of Business 313 MARGARET ST		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KEY WEST FL		City & State	
Zip 33040	Country	Zip	Country
6. Name and Address of Current Registered Agent TRACY, ROBERT L 624 WHITEHEAD ST. KEY WEST, FL 33040		7. Name and Address of New Registered Agent Name DAMON W LEARD Street Address (P.O. Box Number, if applicable) 313 MARGARET ST City KEY WEST FL 33040	
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 DAMON W LEARD, PRESIDENT DATE 18 JANUARY 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D TRACY, ROBERT L 624 WHITEHEAD ST. KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 313 MARGARET ST
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEARD, DAMON W 609 ELIZABETH ST. KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 313 MARGARET ST
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELISSE, PASCAL E 624 WHITE HEAD ST. KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 313 MARGARET ST
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: DAMON W LEARD, PRESIDENT		Date 18 JANUARY 05 Daytime Phone 305-296-1777	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>	

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01182005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0953003** Applied For Not Applicable

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