

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 08:00 AM
Secretary of State

DOCUMENT # S22616			
1. Entity Name FOUR O FOUR CORPORATION			
Principal Place of Business % JANICE ABBOTT 330 SOUTH OCEAN BLVD., SUITE 5F PALM BEACH, FL 33480 US		Mailing Address % JANICE ABBOTT 330 SOUTH OCEAN BLVD., SUITE 5F PALM BEACH, FL 33480 US	
DO NOT WRITE IN THIS SPACE			
		07082005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0245948	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABBOTT, JANICE 330 SOUTH OCEAN BLVD SUITE 5F PALM BEACH, FL 33480		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		DO NOT WRITE IN THIS SPACE 000000373579 07/19/05-80004-009 \$50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS ABBOTT, JANICE 330 SOUTH OCEAN BLVD., SUITE 5F PALM BEACH, FL 33480		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBOTT, GREGORY 330 SOUTH OCEAN BLVD., SUITE 5F PALM BEACH, FL 33480		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBOTT, JANICE 330 SOUTH OCEAN BLVD., SUITE 5F PALM BEACH, FL 33480		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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: <i>Janice Abbott</i> President 7-8-05		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	