2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State
01-25-2005 90054 017 ***150.00

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DOCUMENT # S71830

1. Entity Name
RICHARD HEAD'S OF FT. WALTON BEACH, INC.

Principal Place of Business	Mailing Address
104 MIRACLE STRIP PKWY. FORT WALTON BEACH, FL 32548 US	891 CHOCTAWATCHEE RIVER ROAD BRUCE, FL 32455 US

01132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4507 Furling Lane	~~4507 Furling~~ 4507 Furlingln
Suite, Apt. #, etc. Ste 209	Suite, Apt. #, etc. Ste 209
City & State Destin FL	City & State Destin FL
Zip 32541 Country USA	Zip 32541 Country USA

4. FEI Number 72-1193708 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEA, ARDEN J.
891 CHOCTAWATCHEE RIVER ROAD
BRUCE, FL 32455

7. Name and Address of New Registered Agent

Name LEA, Arden J.
Street Address (P.O. Box Number is Not Acceptable) 4507 Furling Ln, Ste 209
City Destin FL Zip Code 32541

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]
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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEA, ARDEN J 891 CHOCTAWATCHEE RIVER ROAD BRUCE, FL 32455 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEA, Arden J 4507 Furling Lane, Ste 209 Destin FL 32541 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #