


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # H90961
 1. Entity Name
 5005 PROJECTS, INCORPORATED



Principal Place of Business Mailing Address
 1410 SAN MARCO BLVD. 1410 SAN MARCO BLVD.
 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2617086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COHEN RICHARD
 1410 SAN MARCO BLVD
 JACKSONVILLE, FL 32207

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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	P COHEN, RICHARD 4748 SOUTHERN PACIFIC DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COHEN, PERRY 4163 ALHAMBRA DR W JACKSONVILLE, FL
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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: Richard Cohen RICHARD COHEN 4-24-05 (904) 398-5155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #