

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90001 011 ***150.00



DOCUMENT # F04000005355
 1. Entity Name
CENTER COURT APARTMENTS, INC.

Principal Place of Business Mailing Address
 23770 MERANO COURT #102 23770 MERANO COURT #102
 BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134



2. Principal Place of Business 3. Mailing Address
24 CORNING CT. **24 CORNING CT.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

2nd MOORE CR2E034 (5/05)

City & State City & State 4. FEI Number Applied For
PALM COAST, FL **PALM COAST, FL** **38-2849190** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
~~ZSIKOWSKI, THOMAS~~ Name **LARAINÉ ZBIKOWSKI**
~~23770 MERANO COURT #102~~ Street Address (P.O. Box Number is Not Acceptable) **24 CORNING CT.**
~~BONITA SPRINGS FL 34134~~ City **PALM COAST, FL** Zip Code **32137**

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 *Thomas Zbikowski* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 / 150.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.
DUE BY September 7, 2005 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**
Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVCT ZBIKOWSKI, LARAINÉ G 23770 MERANO COURT #102 BONITA SPRINGS FL 34134 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVCT ZBIKOWSKI, LARAINÉ 24 CORNING CT. PALM COAST, FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSC ZBIKOWSKI, THOMAS 23770 MERANO COURT #102 BONITA SPRINGS FL 34134 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSC ZBIKOWSKI, THOMAS 24 CORNING CT. PALM COAST, FL 32137 <input checked="" 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 |
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| 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: *Jan D Zbikowski* 8/23/05 239-405-2999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #