## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J95113

PARRISH, MYRA N

MINNEOLA, FL

105 NO LAKE SHORE DRIVE

Name:

Address: City-St-Zip:

Entity Name: EXCLUSIVE PROPERTIES INCORPORATED

FILED Apr 08, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 508 MAIN STREET 508 MAIN STREET P.O. BOX 803 508 MAIN AVE. MINNEOLA, FL 347550803 MINNEOLA, FL 34755 **Current Mailing Address: New Mailing Address:** 508 MAIN STREET P.O. BOX 803 MINNEOLA, FL 347550803 FEI Number: 59-2847798 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PARRISH, STEPHEN WAYNE 403 WASHINGTON STREET MINNEOLA, FL 32755 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition PARRISH, STEPHEN WAYNE Name: Name: 403 WASHINGTON ST. Address: Address: City-St-Zip: MINNEOLA, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: PARRISH, WILLIAM C Name: 105 NO LAKE SHORE DRIVE Address: Address: MINNEOLA, FL City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: STEPHEN PARRISH PRES 04/08/2009