

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90062 033 ***150.00



DOCUMENT # P97000019394

1. Entity Name

MISSION ESTATES, INC.

Principal Place of Business

635 SOUTH ORANGE AVENUE
 SUITE 16
 SARASOTA FL 34236

Mailing Address

635 SOUTH ORANGE AVENUE
 SUITE 16
 SARASOTA FL 34236

2. Principal Place of Business

2055 Wood St.
 Suite, Apt. #, etc.
 Suite 202

3. Mailing Address

2055 Wood St
 Suite, Apt. #, etc.
 Suite 202



1st MOORE

CR2E034 (10/04)

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0740825

Applied For

Not Applicable

Zip

34237

Country

USA

Zip

34237

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, ROBERT A
 635 SOUTH ORANGE AVENUE
 SUITE 16
 SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2055 Wood St, Suite 202

City

Sarasota

FL

Zip Code

34237

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

Robert A. Richardson

Robert A. Richardson, Pres.

4/7/05

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVPS	<input type="checkbox"/> Delete
NAME	RICHARDSON, ROBERT A	
STREET ADDRESS	635 SOUTH ORANGE AVENUE STE. 16	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, ROBERT A	
STREET ADDRESS	635 SOUTH ORANGE AVENUE STE. 16	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PVPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2055 Wood St, Suite 202	
CITY-ST-ZIP	Sarasota, FL 34237	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Robert A. Richardson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Richardson, Pres 4/7/05

Date

Daytime Phone #