

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

|                                                      |                                                                                   |
|------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 191343</b>                             |  |
| 1. Entity Name<br><b>COURTHOUSE PROPERTIES, INC.</b> |                                                                                   |

|                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>27 SOUTH ORANGE AVE.<br/>STE. 1<br/>SARASOTA FL 34236</b> | Mailing Address<br><b>MR CLYDE H WILSON<br/>27 SOUTH ORANGE AVE.<br/>SARASOTA FL 34236</b> |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|



|                                                           |         |                                               |         |
|-----------------------------------------------------------|---------|-----------------------------------------------|---------|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. |         | 3. Mailing Address<br><br>Suite, Apt. #, etc. |         |
| City & State                                              |         | City & State                                  |         |
| Zip                                                       | Country | Zip                                           | Country |

1st MOORE CR2E034 (10/05)

|                                                                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>WILSON, CLYDE H JR<br/>27 SOUTH ORANGE AVE<br/>SARASOTA FL 34236</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-0769348</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

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 _____<br><small>Signature, typed or printed name of registered agent and filer if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------|

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WILSON, CLYDE H JR<br>27 S ORANGE AVE<br>SARASOTA, FL 00000 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>MEYLAN, STEPHEN G<br>522 MCCALL RD S<br>ENGLEWOOD FL 34223 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BAYUS, BRAD L<br>2536 LORDA LANE<br>SARASOTA FL 34231 <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                             |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><br><b>000000490245</b><br><b>04/18/06-80046-016 150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date: <b>3/31/06</b> | Daytime Phone: <b>941 955 5800</b> |
|-------------------------------------------------------------------------------------------------------|----------------------|------------------------------------|