


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 413184 1. Entity Name PROPERTY CONCEPTS DEVELOPMENT CORPORATION	
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Principal Place of Business 721 U S HWY ONE STE 223 NORTH PALM BEACH, FL 33408	Mailing Address 721 U S HWY ONE STE 223 NORTH PALM BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LUCAS, ROBERT S.
721 U.S. HWY. #1, STE. 223
NORTH PALM BEACH, FL 33408**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

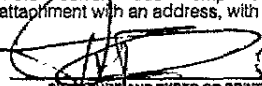
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUCAS, ROBERT S. 1173 S.W. 24TH STREET PALM CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PROYET, JEAN F 721 US #1 STE 223 NORTH PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/28/05-80035-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **JEAN PROYET** **1/28/05** **561 244 2497**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #