


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 466349 1. Entity Name PIKE PROPERTIES, INC.	
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02072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1584237	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUNTER, DANIEL M.
243 WEST PARK AVENUE
WINTER PARK, FL 32789

**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 _____

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

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

1100000280589
03/30/05-80025-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARVEY, JESSIE P 16135 COUNTY RD 48 ASTATULA, FL 34705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARVEY, JAMES N 16135 COUNTY RD 48 ASTATULA, FL 34705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05

Date

(352) 383-4890

Daytime Phone #