

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-25-2005 90002 050 \*\*\*150.00

**DOCUMENT # 491399**

1. Entity Name  
JP REALTY PARTNERS, INC.



Principal Place of Business  
5533 WINDRIFT LANE  
BOCA RATON, FL 33433 US

Mailing Address  
12203 STRICKLAND RD  
RALEIGH, NC 27613

40083601



01272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2419441

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

POLITIS, JOHN  
5533 WINDRIFT LANE  
BOCA RATON, FL 33433

**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. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PTD  
NAME POLITIS, JOHN *all mail to:*  
STREET ADDRESS ~~5533 WINDRIFT LANE~~ 12203 STRICKLAND RD  
CITY-ST-ZIP ~~BOCA RATON, FL 33433~~ RALEIGH NC 27613

TITLE VPDS  
NAME POLITIS, JO  
STREET ADDRESS 5533 WINDRIFT LANE  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE VPD  
NAME POLITIS, AMANDA  
STREET ADDRESS 5533 WINDRIFT LANE  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ~~VPD~~  
NAME ~~POLITIS, JAMES~~  
STREET ADDRESS ~~5533 WINDRIFT LANE~~  
CITY-ST-ZIP ~~BOCA RATON, FL 33433~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Jo Politis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/05

Date

919-841-4500

Daytime Phone #