


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 493305**  
 1. Entity Name  
 TEMPLE TRAIL PROPERTIES, INC.



Principal Place of Business  
 2555 TEMPLE TRAIL STE#102  
 WINTER PARK, FL 32789

Mailing Address  
 2555 TEMPLE TRAIL STE#102  
 WINTER PARK, FL 32789

**DO NOT WRITE IN THIS SPACE**



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-1652279 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

FUGLEBERG, LYLE P.  
 2555 TEMPLE TR.  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

1100000107264  
 04/09/04-30007-025 150.00

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>KOCH, ROBERT A<br>2555 TEMPLE TRL<br>WINTER PARK, FL 00000, |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TSD<br>FUGLEBERG, LYLE P<br>2555 TEMPLE TRL<br>WINTER PARK, FL    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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: Lyle P. Fugleberg 04/07/04 (407) 629-0595  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #