2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # 562044 PROPERTIES, INC.					04-25-2008 9	90124 002	***150.	00
Principal Place of Business Mailing Address 903 THE MASTERS BLVD 903 THE MASTERS BLVD SHALIMAR, FL 32579 US SHALIMAR, FL 32579 US						8 81116 1 1811 88111 8181 8181	BARIC BIBIS BISII B	III) AII() I(1)	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address . 70 F.G. PKwy N.E. 70 F.G. Pkw Suite, Apt. #, etc. Suite, Apt. #, etc.				y N.E.	04222008		CR2E034	.E(1 #161(E)9110	
FORT WAItON BEACH, FL. FORT WAITON					4. FEI Numb		CN2E034	App	lied For Applicable
3254	28 Country	32548	Country		5. Certificate	of Status Desired	□ Fe	3.75 Addit e Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
GIBSON, AUDREY E. 903 THE MASTERS BLVD				New John M. G. BSON					
				Street Address (P.O. Box Number is Not Acceptable)					
SHALIMAR, FL 32579				70 EGI.N PKWY N.E.					
				City FOR	TWAK	w Beach	ر FL ا	Z3C905	748
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 Signafure, 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, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND C	RECTORS	11.		ADDITIONS	CHANGES TO OFFI	ICERS AND D	IRECTORS	IN 11
TITLE	PD	☐ Delete	TITLE	1	d. m	CARANI	-	Change	Addition
NAME STREET ADDRESS	GIBSON, AUDREY E 516 BAYVIEW ST		NAMÉ STREET	ADDRESS 8	19 KELLA	G BON	7		
CITY-ST-ZIP	DESTIN, FL 32541		CITY-S		EStin, 1	CL 325	41		
TITLE	V	Delete	TITLE	V		<i>(</i>): 45.	<u></u>	Change	Addition
NAME	GIBSON, JOHN MARK	•	NAME		ARIS TIANI	ve Gibso NKS St. S),// C		
STREET ADDRESS CITY-ST-ZIP	829 KELL-AIRE CT DESTIN, FL 32541		CITY-S			u Beach, Fi		48	
TITLE	STD	☐ Delete	TITLE					Change	Addition
NAME	GIBSON, CHRISTIANNE	22 5000	NAME	בין	AC 94 Cly	NBerry	1 0010	=	
STREET ADDRESS CITY-ST-ZIP	249 BROOKS ST		STREET CITY-S	ADDRESS //	1.044 6	On Company	1716	1	
TITLE	FT WALTON BEACH, FL 32548	☐ Delete	TITLE	31-217	YUAK, F	Clyn Alw Gerry L	1740	Change	Addition
NAME	GIBSON, CHRISTIANNE	Detete	NAME	, i	JAC94	clyn Alw	- vi	1 Change	Addition
STREET ADDRESS	249 BROOKS ST SE			ADDRESS //	20 TURN	Berry L	ANC		
CITY-ST-ZIP	FT WALTON BEACH, FL	_ _	CITY-S	ST-ZIP 4	OAKIPA	17403	<u> </u>		
TITLE NAME		Delete	TITLE NAME	•	•		=	Change	Addition
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-S	ST-ZIP					
TITLE		☐ Delete	TITLE				_	Change	Addition
NAME STREET ADDRESS			NAME STREET	T ADDRESS					
CITY-ST-ZIP			CITY-S						
12. hereby	certify that the information supplied with t	his filing does not qualify fo	or the exer	mptions contain	ned in Chapter 11	9, Florida Statutes. I	further certify	that the info	ormation
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.									

IN M Hillsen John M. G. Brow SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR