## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 23, 2004 8:00 am Secretary of State

ANNUAL REPURI						Secretary of State				
DOCUMENT # 693240  1. Entity Name PREFERRED PROPERTIES & DEVELOPMENT, INC.			NC.			07-23-2	004 9000	8 016 ***	150.00	
Principal Plac	e of Business	Mailing Address								
1031 W. MO	• •	1031 W. MORS					^			
SUITE 325		SUITE 325				44049653				
WINTR PARK	, FL 32789	WINTR PARK, FI	L 32789			<del>-</del> -				
<u> </u>										
2. Principal Place of Business		3. Mailing Addres	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.		0713200	4 Chg-P	CR2E0	34 (10/03)		
City & State		City & State	City & State			4. FEI Number         Applied For           59-2150339         Not Applicable				
Zip	Country	Zip	Cour	ntry	5. Certific	ate of Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of C	Current Registered Agent			7. Name	nd Address of New	Registered	Agent		
	•			Name_5	NUANN	3 HORIK!	ÔΦ			
SWANN & HADLEY, P.A.				Street Add	dress (P.O. Box Nu	nber is Not Acceptab	le) —			
1031 W. MORSE BLVD. SUITE 270				7.00	31 W.	MORSE	~~ 13L	<u>VP .</u>		
WINTER PARK, FL 32789				3	LITE 2	50	_		ļ	
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				<u>l</u> Wi	INTER PA	trk		· 327	89	
	named entity submits this state	ement for the purpose of char	nging its register	red office or re	egistered agent, or	both, in the State of F	lorida. 1 am	familiar with,	and accept	
<ul> <li>tue opiidai</li> </ul>	ions of registered agent.	<i>,</i> , ,					,	1		
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SIGNATURE	Signafte, byped or printed name of registe	precion white if apprecion	(NOTE: Registere	ed Agent signature	required when reinstating		7 / 14 DATE	loy		
SIGNATURE	Signal c. typed or printed name of regrete				required when reinstating		7 (14 ) DATE	loy		
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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.

SIGNATURÉ:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u> 7/14/64</u>

(40) 645- 4401

Daytime Phone #