



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90286 021 ****61.25

DOCUMENT # 727174 1. Entity Name MIDNIGHT PASS PROPERTIES INC					
Principal Place of Business 6157 MIDNIGHT PASS ROAD SARASOTA, FL 34242			Mailing Address 6157 MIDNIGHT PASS ROAD SARASOTA, FL 34242		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1603080	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARGUS PROPERTY MGMT 2477 STICKNEY POINT RD #118A SARASOTA, FL 34231			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
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)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TALBOT, ROBERT		NAME	Sesti, Steve	
STREET ADDRESS	6157 MIDNIGHT PASS ROAD		STREET ADDRESS	6157 Midnight Pass Rd #ESS	
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARP, MARIA		NAME	Cicora Glenn	
STREET ADDRESS	6157 MIDNIGHT PASS RD B12		STREET ADDRESS	6157 Midnight Pass Rd A11	
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	TDP	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOEDER, LEONARD		NAME	Stephens Virginia	
STREET ADDRESS	6157 MIDNIGHT PASS		STREET ADDRESS	6157 Midnight Pass Rd A73	
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JULIE		NAME		
STREET ADDRESS	6157 MIDNIGHT PASS RD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCARELLA, TONY		NAME		
STREET ADDRESS	4006 SHELBY RD		STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN, OH 44511		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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:  GLENN CICORA			4/26/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		