FILED May 02, 2005 8:00 am Secretary of State

ANNUAL REP	
DOCUMENT # 733739	6.11

1. Enity Name FLORIDA UPSILON HOUSE CORPORATION OF SIGMA ALPHAEPSILON FRATERNITY, INC.						05	-02-2005 90)558 040	^^^61.2	25		
Principal Place of Business 2 FRATERNITY ROW P. 0. BOX 13117 GAINESVILLE, FL 32604 US												
2. Principal Place of Business 3. Mailir				ng Address		<u> </u>						
Suite, Apt. #, etc.			Suit	e, Apt. #, etc.			04272005 _{Ch}	ng-NP	CR2E037	(10/03)		
City & State			City	& State		4. FEI Number 59-175595	3			plied For Applicable		
Zip	Zip Country Zip			ip Country			5. Certificate of Sta	5. Certificate of Status Desired See Required				
	6. Name	and Address of Curren	t Registere	d Agent			7. Name and Add	ress of New Re	egistered Ag	ent		
HENDERS	ON JAMI	ES D II				Name					į	
3501 S. MA	AIN ST., S	SUITE 2				Street Address	s (P.O. Box Number is I	Not Acceptable)			
								_				
						City			FL	Zip Code	•	
	named entit ons of regist	y submits this statement i tered agent.	for the purpo	ose of changing its	registere	ed office or regis	stered agent, or both, in	the State of Flo	rida. I am fa	miliar with, a	and accept	
SIGNATURE -	Signatura, typed	for printed name of registered age	nt and title if app	scable. (NOTE	: Registere	d Agent signature requ	ulred when reinstating)		DATE			
Filing Fee is \$61.25 9. Election Camp Due by May 1, 2005 Trust Fund Co												
	_						\$5.00 May Be Added to Fees		ake check da Departr			
10.	_		DIRECTORS				\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flor	da Departr	nent of St	ate	
10.	PD PD	May 1, 2005 OFFICERS AND D	DIRECTORS		20ntributi 11.	ion.	Added to Fees	Flor	da Departr RS AND DIRE	nent of St	ate	
10. TITLE NAME	PD HENDER	Aay 1, 2005 OFFICERS AND D SON, JAMES D. II	DIRECTORS	Trust Fund C	11. TITL	E E	Added to Fees	Flor	da Departr RS AND DIRE	CTORS IN	10	
10.	PD HENDER	OFFICERS AND D SON, JAMES D. II MAIN ST., #2	DIRECTORS	Trust Fund C	11. TITLI NAM STRE	ion.	Added to Fees	Flor	da Departr RS AND DIRE	CTORS IN	10	
10. TITLE NAME STREET ADDRESS	PD HENDER 3501 S. M	OFFICERS AND D SON, JAMES D. II MAIN ST., #2	DIRECTORS	Trust Fund C	11. TITLI NAM STRE	E E E E ADDRESSST-ZIP	Added to Fees	Flor	ida Departr	CTORS IN	10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD HENDER 3501 S. N GAINESV VD WEIDNER	OFFICERS AND D OFFICERS AND D SON, JAMES D. II MAIN ST., #2 //LLE, FL R, JOHN	DIRECTORS	Trust Fund C	11. TITLI NAM STRE CITY TITLI NAM	E E E E E E E E E E E E E E E E E E E	Added to Fees	Flor	ida Departr	CTORS IN Change	10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD HENDER 3501 S. M GAINESV VD WEIDNER 4136 NW	OFFICERS AND D OFFICERS AND D SON, JAMES D. II MAIN ST., #2 //ILLE, FL R, JOHN 134TH DRIVE	DIRECTORS	Trust Fund C	11. TITLI NAM STRE CITY TITLI NAM STRE	E E E E E E E E E E E E E E E E E E E	Added to Fees	Flor	ida Departr	CTORS IN Change	10 Addition	
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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.