


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90001 023 ****61.25

DOCUMENT # 737940 1. Entity Name FLORIDA ESTATES, INC.					
Principal Place of Business FLORIDA ESTATES INC 6418 CONNECTICUT ZEPHYRHILLS FL 33540 US			Mailing Address ELAINE NIELSON 6355 CONNECTICUT ZEPHYRHILLS FL 33542 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1754169	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NIELSON, ELAINE 6354 CONNECTICUT STREET ZEPHYRHILLS FL 33540				7. Name and Address of New Registered Agent Name Elaine Nielson Street Address (P.O. Box Number is Not Acceptable) 6355 Connecticut Street City Zephyrhills FL Zip Code 33542	
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 <u><i>Elaine Nielson</i></u> ELAINE NIELSON 1-19-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: 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 NAME STREET ADDRESS CITY-ST-ZIP	D PETTEGROW, ELIZABETH 6322 OHIO ST. ZEPHYRHILLS FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sullivan, Clarence 6316 Ohio Street Zephyrhills, FL. 33542	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORRITT, KENDALL 6333 NEW YORK ST ZEPHYRHILLS FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Armour, Ron 6348 Connecticut Street Zephyrhills, FL. 33542	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, CLARENCE 6316 OHIO ST. ZEPHYRHILLS FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Elizabeth Pettegrow 6322 Ohio Street Zephyrhills, FL. 33542	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHURCH, JUNE 6323 OHIO ZEPHYRHILLS FL 33542	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Short, Leon 6307 New York Street Zephyrhills, FL. 33542	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, ALLAN 6433 MIDLAND ST ZEPHYRHILLS FL 33542	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director DeVolder, Joan 6313 New York Street Zephyrhills, FL. 33542	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMER, RAMOND 6342 OHIO ST. ZEPHYRHILLS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Boom, Russell 6240 Connecticut Street Zephyrhills, FL. 33542	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u><i>Elaine Nielson</i></u> ELAINE NIELSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-19-05 1-813-783-1522 <small>Date Daytime Phone #</small>		