


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

08-26-2005 90001 011 ***150.00

DOCUMENT # F04000005355	
1. Entity Name CENTER COURT APARTMENTS, INC.	

Principal Place of Business 23770 MERANO COURT #102 BONITA SPRINGS FL 34134	Mailing Address 23770 MERANO COURT #102 BONITA SPRINGS FL 34134
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2. Principal Place of Business 24 CORNING CT.	3. Mailing Address 24 CORNING CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E034 (5/05)

City & State PALM COAST, FL	City & State PALM COAST, FL	4. FEI Number 38-2849190	Applied For <input type="checkbox"/> Not Applicable
Zip 32137	Country	Zip 32137	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZSIKOWSKI, THOMAS 23770 MERANO COURT #102 BONITA SPRINGS FL 34134	7. Name and Address of New Registered Agent Name LARAIN ZBIKOWSKI Street Address (P.O. Box Number is Not Acceptable) 24 CORNING CT. City PALM COAST, FL Zip Code 32137
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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 Thomas Zbikowski (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 / 150.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVCT	<input checked="" type="checkbox"/> Delete	TITLE PVCT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZBIKOWSKI, LARAIN G		NAME ZBIKOWSKI, LARAIN G	
STREET ADDRESS 23770 MERANO COURT #102		STREET ADDRESS 24 CORNING CT.	
CITY-ST-ZIP BONITA SPRINGS FL 34134		CITY-ST-ZIP PALM COAST, FL 32137	
TITLE VSC	<input checked="" type="checkbox"/> Delete	TITLE VSC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZBIKOWSKI, THOMAS		NAME ZBIKOWSKI, THOMAS	
STREET ADDRESS 23770 MERANO COURT #102		STREET ADDRESS 24 CORNING CT.	
CITY-ST-ZIP BONITA SPRINGS FL 34134		CITY-ST-ZIP PALM COAST, FL 32137	
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	
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	
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	
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 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.

SIGNATURE: Sam Zbikowski 8/23/05 239-405-2999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #