


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G60419</b>	
1. Entity Name E.R.A. - PREFERRED PROPERTIES, INC.	

Principal Place of Business 571 AUGUSTINE CT OVIEDO, FL 32765 US	Mailing Address 571 AUGUSTINE CT OVIEDO, FL 32765 US
--	--

**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2939881	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SHATTUCK, WILLIAM  
571 AUGUSTINE COURT  
OVIEDO, FL 32765

**DO NOT WRITE  
IN THIS SPACE**

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHMITT, BARBARA E 3657 PEACHTREE RD NE # 10A ATLANTA, GA 30319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000191667  
01/24/05-80182-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Barbara E. Schmitt 6/1/05 (404) 964-4662  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #