



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J46319</b>			
1. Entity Name PEARL APARTMENTS, INC.			
Principal Place of Business 4949 E. ANNA-JO DRIVE INVERNESS, FL 34452	Mailing Address 4949 E. ANNA-JO DRIVE INVERNESS, FL 34452		
<b>DO NOT WRITE IN THIS SPACE</b>			
		02192005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2763467	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  RANCOURT, PAULINE 6020 E. TENISON STREET INVERNESS, FL 34452		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		UN00000346533 04/30/05-80079-017 150.00	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANCOURT, DANIEL RT114 CANAN, VT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTM RANCOURT, PAULINE 6020 E TENISON ST INVERNESS, FL 34452		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCBRIDE, JANE 540 GENTIAN ROAD ST. AUGUSTINE, FL 32086		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RANCOURT, VIRGINIA 302 FERN HOLLOW RD TALLAHASSEE, FL 32303		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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.			
<b>SIGNATURE: PAULINE RANCOURT</b> <i>Pauline Rancourt P.</i>		Date	4-25-05 352-344-5519
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	