


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # J74235 1. Entity Name FLORIDA PREFERRED PROPERTIES, INC.	
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Principal Place of Business 7611 FOUR PINES RD PLANT CITY, FL 33565 US	Mailing Address 7611 FOUR PINES RD PLANT CITY, FL 33565 US
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04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2825963	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EAKER, PAULA D
7611 FOUR PINES RD.
PLANT CITY, FL 33565

**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)
Signature typed or printed name of registered agent and title if applicable

**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	STD EAKER, PAUL D 7611 FOUR PINES RD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EAKER, PAUL D 7611 FOUR PINES RD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EAKER, H LEE 7611 FOUR PINES RD PLANT CITY, FL 33565
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04/13/05-80001-021 158.75

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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: Paul D Eaker **PAUL D EAKER** 4-5-05 8139869141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #