


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90288 033 ***150.00

14017468

DOCUMENT # J75743 1. Entity Name DOWNS INVESTMENT PROPERTIES, INC.			
Principal Place of Business % THOMAS DOWNS 777 N. MIRAMAR INDIALANTIC, FL 32903		Mailing Address % THOMAS DOWNS 777 N. MIRAMAR INDIALANTIC, FL 32903	
2. Principal Place of Business 2050 SOUTH PATRICK DRIVE Suite, Apt. #, etc. SUITE B		3. Mailing Address 2050 SOUTH PATRICK DRIVE Suite, Apt. #, etc. SUITE B	
City & State INDIAN HARBOUR BEACH, FL		City & State INDIAN HARBOUR BEACH, FL	
Zip 32937	Country USA	Zip 32937	Country USA
4. FEI Number 59-2808851		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSLEY, WALLIS & WHITE 1221 EAST NEW HAVEN AVE MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD NAME DOWNS, THOMAS <input type="checkbox"/> Delete STREET ADDRESS 777 N. MIRAMAR CITY-ST-ZIP INDIALANTIC, FL	TITLE PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME DOWNS, THOMAS STREET ADDRESS 2050 SOUTH PATRICK DRIVE, SUITE B CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937	TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/29/05 Daytime Phone # 321-725-3000	