
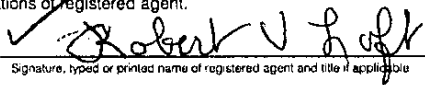
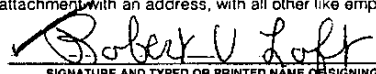


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90550 001 \*\*\*150.00

<b>DOCUMENT # J85652</b> 1. Entity Name LOFT PROPERTIES, INC.			
Principal Place of Business 9751 MONTANA CT BONITA SPRINGS, FL 34135 US		Mailing Address 9751 MONTANA CT BONITA SPRINGS, FL 34135 US	
2. Principal Place of Business 27589 Imperial Shores Blvd. Suite, Apt. #, etc.		3. Mailing Address 27589 Imperial Shores Blvd. Suite, Apt. #, etc.	
City & State Bonita Springs, FL Zip 34134 Country U.S.A.		City & State Bonita Springs, FL Zip 34134 Country U.S.A.	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04282005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  ROBERT VALENTINE LOFT 9751 MONTANA COURT BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name Robert Valentine Loft Street Address (P.O. Box Number is Not Acceptable) 27589 Imperial Shores Blvd. City Bonita Springs, FL Zip Code 34134	
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 		DATE 4/29/05	
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 PD NAME LOFT, ROBERT VALENTI, NE STREET ADDRESS 9751 MONTANA CT. CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 27589 Imperial Shores Blvd. CITY-ST-ZIP Bonita Springs, FL 34134	
TITLE VD NAME LOFT, JOAN ELLEN STREET ADDRESS 9751 MONTANA CT. CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 27589 Imperial Shores Blvd. CITY-ST-ZIP Bonita Springs, FL 34134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 4/29/05	