


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J95113</b> 1. Entity Name <b>EXCLUSIVE PROPERTIES INCORPORATED</b>					
Principal Place of Business <b>508 MAIN STREET P.O. BOX 803 MINNEOLA FL 34755-0803</b>			Mailing Address <b>508 MAIN STREET P.O. BOX 803 MINNEOLA FL 34755-0803</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2847798</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>PARRISH, STEPHEN WAYNE 403 WASHINGTON STREET MINNEOLA FL 32755</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 re-registering)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00</b> May Trust Fund Contribution. <input type="checkbox"/> Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, STEPHEN WAYNE 403 WASHINGTON ST. MINNEOLA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000417379 02/13/06-80052-012 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, WILLIAM C 105 NO LAKE SHORE DRIVE MINNEOLA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, MYRA N 105 NO LAKE SHORE DRIVE MINNEOLA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: William C Parrish/William Parrish</b>					



1st MOORE CR2E034 (10/05)

4. FEI Number **59-2847798** Applied For ☐ Not Applied ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

9. Election Campaign Financing **\$5.00** May  
 Trust Fund Contribution. ☐ Added to Fee

000000417379  
 02/13/06-80052-012 158.75

13106 392-394-223