2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L20606

Title:

Name:

Address:

City-St-Zip:

e: PAPPAS PROPERTIES, INC

FILED Jan 08, 2009 Secretary of State

Entity Nan	ne: Pappas p	ROPERTIES, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
9611 NW 1 PLANTATION	0 COURT ON, FL 33322	US				
Current Mailing Address:			New Maili	New Mailing Address:		
9611 NW 1 PLANTATION	0 COURT ON, FL 33322	US				
FEI Number:	65-0146114	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desire	d ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
PAPPAS, J 9611 NW 1 PLANTATIO		US				
The above in the State		bmits this statement for the p	ourpose of changing i	its registered office or registered agent,	or both,	
SIGNATUR						
Election Cam		Signature of Registered Age Trust Fund Contribution ().	ent	Date		
	AND DIRECT	,,	ADDITION	IS/CHANGES TO OFFICERS AND DIF	RECTORS:	
Title: Name: Address: City-St-Zip:	PD () E PAPPAS, JAMES 9611 NW 10 COU PLANTATION, FL	JRT	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DV ()E PAPPAS, LAVERI 9611 NW 10 COU PLANTATION, FL	JRT	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	DS () E PAPPAS, LINDA (391 CLUBLAND (CONYERS, GA 3	CIRCLE	Title: Name: Address: City-St-Zip:	DS (X) Change () Addition PAPPAS, LINDA C 9611 NW 10 COURT PLANTATION, FL 33322		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES PAPPAS P 01/08/2009

() Delete

PAPPAS HERRING, SHARON

9611 NW 10 COURT

PLANTATION, FL 33322

() Change () Addition