

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 08, 2005 08:00 AM
Secretary of State**

DOCUMENT # L27434

1. Entity Name
WARBANKS PROPERTIES, INC.



Principal Place of Business
**C/O TRADER JIM'S
3757 S. MILITARY TRAIL
LAKEWORTH, FL 33463**

Mailing Address
**C/O TRADER JIM'S
3757 S. MILITARY TRAIL
LAKEWORTH, FL 33463**



07032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0163656	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

**WARD, C.E.
224 ORANGE TREE DR
ATLANTIS, FL 33462**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WARD, C.E.
STREET ADDRESS	224 ORANGE TREE DR
CITY-ST-ZIP	ATLANTIS, FL 33462

TITLE	VD
NAME	EUBANKS, JAMES A.
STREET ADDRESS	14405 STROLLER WAY
CITY-ST-ZIP	WELLINGTON, FL 33414

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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07/08/05-80002-006 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/05 561-968-2668