
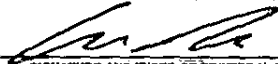


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L51230</b> 1. Entity Name FLORIDA PROPERTY INVESTMENT, INC.		
Principal Place of Business C/O ELLI PILNIK 4113 N.W. 46TH DRIVE GAINESVILLE, FL 32606	Mailing Address C/O ELLI PILNIK 4113 N.W. 46TH DRIVE GAINESVILLE, FL 32606	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  PILNIK, ELLI 4113 N.W. 46TH DRIVE GAINESVILLE, FL 32606		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and Title (Applicable)</small> (NOTE: Registered Agent signature required when reappointing)		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PILNIK, ELLI 4113 N.W. 46TH DRIVE GAINESVILLE, FL	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <b>ELLI PILNIK</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>2-25-05 352-377-9977</b> <small>Date Daytime Phone #</small>



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2996717	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

000000249167  
03/02/05-80057-022 150.00

**DO NOT WRITE  
IN THIS SPACE**