

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 25, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # L82850**

1. Entity Name  
**CONTINENTAL PROPERTIES, INC.**



Principal Place of Business

**2240 PALM BEACH LAKES BLVD.  
SUITE 400  
W PALM BEACH, FL 33409 US**

Mailing Address

**2240 PALM BEACH LAKES BLVD.  
SUITE 400  
W PALM BEACH, FL 33409 US**



04242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0207770</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

**MINNS, MYLES  
2240 PALM BEACH LAKES BLVD.  
SUITE 400  
WEST PALM BEACH, FL 33409**

**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  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000321188  
05/14/08-80074-025 150.00

10. OFFICERS AND DIRECTORS

|                |                                   |
|----------------|-----------------------------------|
| TITLE          | DP                                |
| NAME           | MINNS, MYLES                      |
| STREET ADDRESS | 2240 PALM BEACH LAKES BLVD, # 400 |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33409         |

|                |                               |
|----------------|-------------------------------|
| TITLE          | VP                            |
| NAME           | MINNS, KATHY                  |
| STREET ADDRESS | 2240 PALM BCH LKS BLVD, # 400 |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33409     |

|                |                               |
|----------------|-------------------------------|
| TITLE          | VP                            |
| NAME           | INMAN, SONDR                  |
| STREET ADDRESS | 2240 PALM BCH LKS BLVD, # 400 |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33409     |

|                |                               |
|----------------|-------------------------------|
| TITLE          | ST                            |
| NAME           | EARLE, JODI                   |
| STREET ADDRESS | 2240 PALM BCH LKS BLVD, # 400 |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33409     |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: \_\_\_\_\_

*Myles Minns* Myles Minns 4/24/08 561-689-4766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #