


2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90055 047 ***158.75

DOCUMENT # P00000012166	
1. Entity Name SQUILLANTE PROPERTIES, INC.	

Principal Place of Business 34825 MARSHALL ROAD EUSTIS FL 32736	Mailing Address 34825 MARSHALL ROAD EUSTIS FL 32736
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-3624441		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SQUILLANTE, TERRY A. 34825 MARSHALL ROAD EUSTIS FL 32736		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTDC	<input checked="" type="checkbox"/> Delete	TITLE PVPTDC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SQUILLANTE, TERRY A		NAME TERRY A. Squillante	
STREET ADDRESS 34825 MARSHALL ROAD		STREET ADDRESS 34825 Marshall Rd	
CITY-ST-ZIP EUSTIS FL 32736		CITY-ST-ZIP EUSTIS FL 32736	
TITLE VSD	<input checked="" type="checkbox"/> Delete	TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SQUILLANTE, VALERIE J		NAME Valerie J. Squillante	
STREET ADDRESS 34825 MARSHALL ROAD		STREET ADDRESS 34825 Marshall Rd	
CITY-ST-ZIP EUSTIS FL 32736		CITY-ST-ZIP EUSTIS FL 32736	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: *Terry Squillante* **TERRY SQUILLANTE** *PROPS* **PROPS** *4-6-04* **4-6-04** *3525898848* **3525898848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #