

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P00000013225**

1. Entity Name  
PROPERTY ONE REAL ESTATE, INC.



**FILED**

05 APR -7 PM 6:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
221 EAST GARDEN STREET  
SUITE 7-W  
PENSACOLA, FL 32501

Mailing Address  
221 EAST GARDEN STREET  
SUITE 7-W  
PENSACOLA, FL 32501

2. Principal Place of Business  
5823 Hwy. 90  
Suite, Apt. #, etc.

3. Mailing Address  
5823 Hwy. 90  
Suite, Apt. #, etc.

City & State  
Milton, FL

City & State  
Milton, FL

Zip  
32583

Country  
U.S.

Zip  
32583

Country  
U.S.



02282005 Chg-P CR2E034 (10/03)

4. FEI Number  
20-0837841

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
HEAD, HOWARD O  
221 EAST GARDEN STREET  
SUITE 7-W  
PENSACOLA, FL 32501

7. Name and Address of New Registered Agent  
Name  
Head Howard O  
Street Address (P.O. Box Number is Not Acceptable)  
5823 Hwy. 90  
City  
Milton FL Zip Code  
32583

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HEAD, HOWARD 221 EAST GARDEN STREET PENSACOLA, FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$150 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500055668285 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/02/05--01060--007 ***450.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

2/28/05 (850) 623-0009  
Date Daytime Phone #