2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90069 037 ***150.00

DOCUMENT # P00000059626

1. Entity Name
ABRACADABRA PROPERTY SERVICES, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 720726 ORLANDO, FL 32872-0726	POST OFFICE BOX 720726 ORLANDO, FL 32872-0726

03182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Post Office Box 411175	Post Office Box 411175
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, Florida	City & State: Florida, Melbourne
Zip: 32941-1175 Country: USA	Zip: 32941-1175 Country: USA

4. FEI Number: 59-3653581 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LANIER, MARCIA E
4840 EDMEE CIRCLE
ORLANDO, FL 32822

7. Name and Address of New Registered Agent

Name: Marcia E. Lanier-Smith
Street Address (P.O. Box Number is Not Acceptable): 155 Hwy A1A, # 304
City: Satellite Beach FL Zip Code: 32937

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D SMITH, JOHN J JR. POST OFFICE BOX 720726 N/A ORLANDO, FL 328720726 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Post Office Box 411175 Melbourne, Fl 32941-1175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANIER, MARCIA E POST OFFICE BOX 720726 N/A ORLANDO, FL 328720726 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Marcia Lanier-Smith Post Office Box 411175 Melbourne, Fl 32941-1175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Marcia Lanier-Smith 3/18/05 (321) 779-1271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #