2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 26, 2005 8:00 am Secretary of State DOCUMENT # P00000066612 01-26-2005 90016 008 ***150.00 SAUNDERS PROPERTIES, INC. Principal Place of Business Mailing Address 16513 RIVER ST. WHITE SPRINGS FL 32096 P.O. BOX 266 WHITE SPRINGS FL 32096 40001000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3667509 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAUNDERS, WATKINS A JR. Street Address (P.O. Box Number is Not Acceptable) 16513 RIVER ST. WHITE SPRINGS FL 32096 City 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, typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. VD TITLE Detete TITLE ☐ Addition Peter Paisley SAUNDERS, WATKINS A JR. NAME 5415 Bradley Blvd. STREET ADDRESS 16513 RIVER ST. STREET ADDRESS Bethesda, MD 20814 CITY-ST-ZIP WHITE SPRINGS FL 32096 CITY-ST-ZIP VD **B** Delete Fred Paisley X Change TITLE TITLE TD ☐ Addition FALT, SOPHIA S NAME NAME 3465 Midvale Ave. STREET ADDRESS P.O. BOX 251 STREET ADDRESS Philadelphia, PA 19129 WHITE SPRINGS FL 32096 CITY-ST-ZIP CITY-ST-ZIP TIJIF Detete TITLE ☐ Change ☐ Addition NAME PAISLEY, CATHERINE S NAME STREET ADDRESS STREET ADDRESS 3465 MIDVALE AVE. CITY-ST-ZIP CITY-ST-7IP PHILADELPHIA PA 19129 TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z#P CITY-ST-7(P ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS 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 697, 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. Wathers a. Samders fr-

SIGNATURE: Watkins A. Saunders, Jr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jan. 21, 2005 (386) 397**-**2735

FILED