


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90134 048 ***150.00

DOCUMENT # P00000072701	
1. Entity Name EAST PARK PLACE, INC.	

Principal Place of Business 1723 W DAUGHTERY ROAD LAKELAND FL 33810	Mailing Address 1723 W DAUGHTERY ROAD LAKELAND FL 33810
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2. Principal Place of Business 1111 Cambridge Square Suite, Apt. #, etc.	3. Mailing Address 1111 Cambridge Square Suite, Apt. #, etc.
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City & State Winter Haven FL	City & State FL
Zip 33880	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent WAKSLER, GERI 1625 WEST MARION AVENUE SUITE 2 PUNTA GORDA FL 33950	
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7. Name and Address of New Registered Agent Name Cheri Johnson Wright, Attorney Street Address (P.O. Box Number is Not Acceptable) 290 First St. South City Winter Haven FL Zip Code 33880	
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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  **Cheri Johnson Wright** DATE **4/14/05**
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 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete ROBERTS, PHILEMON G 1723 W DAUGHTERY ROAD LAKELAND FL 33810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete PEEPLES, JOHN W 6619 BRAHMAN DRIVE LAKELAND FL 33810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete ROBERTS, J.T. JR 2324 GIBSONIA-GALLOWAY ROAD LAKELAND FL 33809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  **John W. Peeples** DATE **4/14/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR