


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90026 005 \*\*\*150.00

<b>DOCUMENT # P00000073108</b> 1. Entity Name <b>CATALINA PROPERTIES, INC.</b>					
Principal Place of Business <b>4110 S. FLORIDA AVE. SUITE 200 LAKELAND, FL 33813</b>			Mailing Address <b>4110 S. FLORIDA AVE. SUITE 200 LAKELAND, FL 33813</b>		
2. Principal Place of Business <b>3020 S. Florida Ave</b>		3. Mailing Address <b>3020 S. Florida Ave.</b>			
Suite, Apt. #, etc. <b>Suite 101</b>		Suite, Apt. #, etc. <b>Suite 101</b>			
City & State <b>Lakeland, FL</b>		City & State <b>Lakeland, FL</b>		4. FEI Number <b>58-2581066</b>	
Zip <b>33803</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ADAMS, D. JOEL 4110 SOUTH FLORIDA AVE SUITE 200 LAKELAND, FL 33813</b>				7. Name and Address of New Registered Agent Name <b>Adams, D. Joel</b> Street Address (P.O. Box Number is Not Acceptable) <b>3020 S. Florida Ave</b> <b>Suite 101</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33803</b>	
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 <b>D. JOEL ADAMS</b> <i>(Signature)</i> <b>Registered Agent</b> <b>2/14/05</b> <small>Signature based on printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, D. JOEL 4110 S FLORIDA AVENUE SUITE 200 LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3020 S. Florida Ave. Suite 101</b> <b>Lakeland, FL 33803</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, BRAIN P 4110 S FLORIDA AVE SUITE 200 LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3020 S. Florida Ave. Suite 101</b> <b>Lakeland, FL 33803</b>	
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	
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.					
<b>SIGNATURE:</b> <b>D. JOEL ADAMS, DR</b> <b>1/31/05 863 619-7103</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50017496**



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