2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014271

Entity Name: BOP PROPERTIES, INC.

FILED Feb 11, 2005 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

125 WEST ROMANA STREET 125 WEST ROMANA STREET

STE 400 STE 400

PENSACOLA, FL 32501 PENSACOLA, FL 32502

Current Mailing Address: New Mailing Address:

125 WEST ROMANA STREET 125 WEST ROMANA STREET

STE 400 STE 400

PENSACOLA, FL 32501 PENSACOLA, FL 32502

FEI Number: 59-3736805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HUFFMAN, ROGER HUFFMAN, ROGER

125 WEST ROMANA STREET 125 WEST ROMANA STREET STE 400 STE 400

PENSACOLA, FL 32501 US PENSACOLA, FL 32502 US

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.

SIGNATURE: 02/11/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: GIBSON, GREGORY Name: GIBSON, GREGORY
Address: PO BOX 12966 Address: PO BOX 12966

City-St-Zip: PENSACOLA, FL 325912966 City-St-Zip: PENSACOLA, FL 325912966

Title: D () Delete Title: PD (X) Change () Addition

Name: HUFFMAN, ROGER
Address: PO BOX 12966

Name: HUFFMAN, ROGER
Address: PO BOX 12966

Address: PO BOX 12966

City-St-Zip: PENSACOLA, FL 325912966 City-St-Zip: PENSACOLA, FL 325912966

Title: D () Delete Title: VSD (X) Change () Addition

 Name:
 BELL, BRIAN P
 Name:
 BELL, BRIAN P

 Address:
 PO BOX 12966
 Address:
 PO BOX 12966

City-St-Zip: PENSACOLA, FL 325912966 City-St-Zip: PENSACOLA, FL 325912966

Title: D () Delete Title: VD (X) Change () Addition

 Name:
 MCCOY, CARY H
 Name:
 MCCOY, CARY H

 Address:
 PO BOX 12966
 Address:
 PO BOX 12966

City-St-Zip: PENSACOLA, FL 325912966 City-St-Zip: PENSACOLA, FL 325912966

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER HUFFMAN PD 02/11/2005