

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000019716

FILED
Apr 29, 2005
Secretary of State

Entity Name: GENERAL PARTNERS REALTY CORPORATION

Current Principal Place of Business:

441 NE 1
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

441 NE 1ST ST
CRYSTAL RIVER, FL 34429

Current Mailing Address:

P.O. BOX 490
CRYSTAL RIVER, FL 34423

New Mailing Address:

FEI Number: 59-3705798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENIGAR, ROBERT L
441 NE 1ST STREET
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARNES, G. MAX
Address: P.O. BOX 2215
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: DS () Delete
Name: MALLOCK, ROBERT
Address: 9 BYRSONIAA CT.W.
City-St-Zip: HOMOSASSA, FL 34446

Title: PD () Delete
Name: MAUGHAN, NELSON
Address: 44 CYPRESS BLVD W
City-St-Zip: HOMOSASSA, FL 34446

Title: D () Delete
Name: PONTICOS, STEPHEN E
Address: 7 BYRSONIAA CT. W.
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: G MAX BARNES

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date