

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000050251

Entity Name: FYE PROPERTIES, INC.

FILED  
Feb 17, 2005  
Secretary of State

## Current Principal Place of Business:

4604 49 STREET NORTH #18  
ST PETERSBURG, FL 33709

## New Principal Place of Business:

## Current Mailing Address:

4604 49 STREET NORTH #18  
ST PETERSBURG, FL 33709

## New Mailing Address:

FEI Number: 59-3735567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TICE, LETTIE  
4720 49 ST N #18  
SAINT PETERSBURG, FL 33709 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: P ( ) Delete  
Name: GILLESPIE, JOHN  
Address: 1747 26TH AVENUE NORTH  
City-St-Zip: ST PETERSBURG, FL 33713

Title: S ( ) Delete  
Name: TICE, LETTIE  
Address: 4604 49TH STREET NORTH #18  
City-St-Zip: ST PETERSBURG, FL 33709

Title: VP ( ) Delete  
Name: GILLESPIE, BILL  
Address: 4604 49TH ST N, #18  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: S ( ) Delete  
Name: TICE, LETTIE  
Address: 4604 49TH ST N., #18  
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: T ( ) Delete  
Name: TICE, LETTIE  
Address: 4604 49TH ST N., #18  
City-St-Zip: SAINT PETERSBURG, FL 33709

## 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:

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: LETTIE TICE OFFICER

S

02/17/2005

Electronic Signature of Signing Officer or Director

Date