## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000050251

EVE DOODEDTIES INS

FILED Jan 24, 2009 Secretary of State

Entity Nai	Me: FYEPROF	PERTIES, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	TREET NORTH RSBURG, FL 33				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	TREET NORTH RSBURG, FL 33				
FEI Number	: 59-3735567	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
TICE, LET 4720 49 S SAINT PE		_ 33709 US	TICE, LETTIE 4604 49 ST N #18 SAINT PETERSBURG,	FL 33709 US	
	named entity su e of Florida.	ubmits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: LETTIE TICE				01/24/2009	
	Electronic	c Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ()[ GILLESPIE, JOH 16500 198TH TR O BRIAN, FL 32	RAIL	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ()[ TICE, LETTIE 4604 49TH STRE ST PETERSBUR		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	GILLESPIE, BILL 4604 49TH STRE	Delete L EET NORTH #18 BURG, FL 33709 US	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	T ()[	Delete	Title: ( Name:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: LETTIE TICE S 01/24/2009

4604 49TH STREET NORTH #18

ST PETERSBURG, FL 33709 US

Address:

City-St-Zip: