

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90265 035 ***150.00

DOCUMENT # P01000082486

1. Entity Name
FOUR SISTERS PROPERTIES, INC.



Principal Place of Business
**122 E. TILLMAN AVENUE
LAKE WALES, FL 33853**

Mailing Address
**122 E. TILLMAN AVENUE
LAKE WALES, FL 33853**

20046066



03082005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3738708

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALEXANDER, JOHN R
122 E. TILLMAN AVENUE
LAKE WALES, FL 33853**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, SARAH J	
STREET ADDRESS	327 SUNSET ROAD	
CITY-ST-ZIP	FROSTPROOF, FL 33843	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLIER, LUCY ANNE G	
STREET ADDRESS	2750 N LAKE REEDY BLVD	
CITY-ST-ZIP	FROSTPROOF, FL 33843	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLIGAN, FRANCIE G	
STREET ADDRESS	116 ST. LAWRENCE AVE, WORTHING, W SUSSEX	
CITY-ST-ZIP	BN147JL ENGLAND,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05 863-679-9595

Date

Daytime Phone #