


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000097874 1. Entity Name GEORGIA FLORIDA PROPERTIES, INC.	
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Principal Place of Business PO BOX 91012 MICCOSUKEE, FL 32309	Mailing Address PO BOX 91012 MICCOSUKEE, FL 32309
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DO NOT WRITE IN THIS SPACE



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 45-0472433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CROMARTIE, TOM 5109 ROCCO RD. MICCOSUKEE, FL 32309	DO NOT WRITE IN THIS SPACE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CROMARTIE, TOM PO BOX 91012 MICCOSUKEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETRANDIS, JOHNY JR 1176 CAPITAL CIR NE TALLAHASSEE, FL 32308
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04/19/05-80087-004 200.00

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:  **5/14/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #