


FILED
5/4 Jun 07, 2005 8:00 am
Secretary of State

05-04-2005 90186 010 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000118015			
1. Entry Name GOVENTRY PROPERTIES MANAGEMENT, INC.			
Principal Place of Business 1920 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409		Mailing Address 1920 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 02-0531706		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 JAYROE, NANCY I 1920 PALM BEACH LAKES BLVD #116 WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name: <u>Craig R. Jayroe</u> Street Address (P.O. Box Number is Not Acceptable): <u>1920 Palm Beach Lakes Blvd</u> <u>#116</u> City: <u>West Palm Beach</u> FL Zip Code: <u>33409</u>	
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: _____ DATE: _____ <small>Signature, name or street name of registered agent and any applicable (NOTE: Registered agent signature required when registered)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPT JAYROE, NANCY I 1920 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P.V.T., S.D. Craig R. Jayroe 1920 Palm Beach Lakes Blvd West Palm Beach, FL 33409 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVS JAYROE, ROBERT 56316 COPPERFIELD DR SHELBY TOWNSHIP, MI 48316 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.			
SIGNATURE: <u>Craig Jayroe</u>		DATE: <u>4/29/05</u> <u>361628</u> <u>7733</u>	

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