


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000010794	
1. Entity Name DEAUVILLE PROPERTIES, INC.	

Principal Place of Business 11555 ROSELAND RD. SEBASTIAN, FL 32958	Mailing Address 11555 ROSELAND RD. SEBASTIAN, FL 32958
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03092005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3598218	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DEAUVILLE, LANI V 11555 ROSELAND RD. SEBASTIAN, FL 32958
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**DO NOT WRITE
IN THIS SPACE**

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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE
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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	000000265705 03/16/05-80068-014 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAUVILLE, LANI V 11555 ROSELAND RD. SEBASTIAN, FL 32958
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IN THIS SPACE**

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: 	Lani Deauville	3/12/05	772-581-3667
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>	