

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000025295

1. Entity Name
MOUNT VERNON PROPERTY MANAGEMENT, INC.



FILED
05 DEC 15 PM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**3701 S. OSPREY AVENUE
SARASOTA, FL 34239** **3701 S. OSPREY AVENUE
SARASOTA, FL 34239**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



12022005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**HANKIN, LAWRENCE M ESQ.
1820 RINGLING BOULEVARD
SARASOTA, FL 34239**

4. FEI Number
01-0635101

Applied For
 Not Applicable

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

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 removing) DATE

Amended AR is **\$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P ROY ANN, GREGORY 3701 S. OSPREY AVENUE SARASOTA, FL 34239	<input type="checkbox"/> Change <input type="checkbox"/> Addition	 900062447779 12/28/05--01057--001 **\$61.25 VICE PRESIDENT F DONALD HERMAN 3701 S. OSPREY AVE SARASOTA, FL 34239
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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 all other like empowered.

SIGNATURE: Roy Ann Gregory P Date: 12/13/05 Daytime Phone #: 9413782070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #