


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90234 014 ***158.75

DOCUMENT # P02000032670	
1. Entity Name AUBURNDALE ESTATES, INC.	

Principal Place of Business 220 LOOKOUT PL #150 MAITLAND, FL 32751	Mailing Address 220 LOOKOUT PL #150 MAITLAND, FL 32751
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2. Principal Place of Business 5840 Red Bug Lake Road	3. Mailing Address 5840 Red Bug Lake Road
Suite, Apt. #, etc. #345	Suite, Apt. #, etc. #345
City & State Winter Springs, Fl.	City & State Winter Springs, Fl.
Zip 32708	Country USA

04132004 Chg-P CR2E034 (10/03)



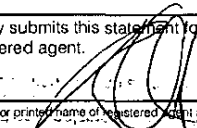
04132004 Chg-P CR2E034 (10/03)

4. FEI Number 02-0574682	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75	Additional Fee Required
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6. Name and Address of Current Registered Agent QUAID, RICHARD 220 LOOKOUT PL #150 MAITLAND, FL 32751	
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7. Name and Address of New Registered Agent	
Name Richard A. Quaid	
Street Address (P.O. Box Number is Not Acceptable) 5840 Red Bug Lake Road	
City Winter Springs, FL	Zip Code 32708

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 4/16/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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: 	Richard A. Quaid, Pres.	4/16/04	407/875-1955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #