

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064960

Entity Name: PARK PROPERTIES, INC.

FILED  
Feb 19, 2004  
Secretary of State

## Current Principal Place of Business:

POST OFFICE BOX 2578  
JACKSONVILLE, FL 32203

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 2578  
JACKSONVILLE, FL 32203

## New Mailing Address:

FEI Number: 02-0617150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EMRAN, LILLIAN O  
1234 KING STREET  
JACKSONVILLE, FL 32204 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FANT, JULIAN E III  
Address: POST OFFICE BOX 2578  
City-St-Zip: JACKSONVILLE, FL 32203

Title: D ( ) Delete  
Name: EMRAN, LILLIAN O  
Address: 1234 KING STREET  
City-St-Zip: JACKSONVILLE, FL 322032578

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAN O. EMRAN

DIRE

02/19/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date