## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 25, 2005 8:00 am Secretary of State **DOCUMENT # P02000094344** 04-25-2005 90298 046 \*\*\*150.00 PFEFFER PROPERTIES, INC. Principal Place of Business Mailing Address **8813 THOMAS DRIVE** P.O. BOX 27699 PANAMA CITY BEACH, FL 32411 PANAMA CITY BEACH, FL 32408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212005 Cho-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 59-2971075 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PFEFFER, GERLINDE M Street Address (P.O. Box Number is Not Acceptable) 8813 THOMAS DRIVE PANAMA CITY BEACH, FL 32408 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. S TITLE ☐ Defete TITLE Change Addition PFEFFER THORSTEN G 8813 THOMAS DRIVE PFEFFER, GERLINDE M NAME STREET ADDRESS **8813 THOMAS DRIVE** STREET ADDRESS NAMA CITY BCH FL 32408 PANAMA CITY BEACH, FL 32408 CITY-ST-ZP CITY-ST-ZP TITLE PT ☐ Defete ПΠЕ ☐ Addition PFEFFER, ALOIS NAME NAME STREET ADDRESS 8813 THOMAS DR STREET ADDRESS CITY-ST-7IP PANAMA CITY, FL 32408 CITY-ST-ZP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ππε ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS A Subsection of Strains CITY ST ZIP CITY-ST-ZIP 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-end accusate 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 attactprine; with an address, with all other like empowered. **SIGNATURE:** ATURE AND TYPED OR PRINTED N

FILED