ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000096012

1. Entity Name RESIDENCES, INC.



FILED May 08, 2006 8:00 am Secretary of State

05-08-2006 90294 031 ***150.00

Principal Place of Business

Mailing Address

17902 CLEARLAKE DRIVE LUTZ, FL 33548 17902 CLEARLAKE DRIVE LUTZ, FL 33548



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0793993

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

GRECO, FRANK J 4047 HENDERSON BLVD. TAMPA, FL 33629 DO NOT WRITE
IN THIS SPACE

	named entity submits this statement for the pations of registered agent.	urpose of changing its register	ed office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and	accept
SIGNATURE.						
	Signature, typed or printed name of registered agent and title is	applicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		 Election Campaign Final Trust Fund Contribution. 		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADORESS CITY-ST-ZIP	D BULLARD, ARTHUR JR 17902 CLEARLAKE DRIVE LUTZ, FL 33548					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLARD, M. KATHERINE 17902 CLEARLAKE DRIVE LUTZ, FL 33548					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				00	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in in	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 oeth; 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 attackment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

A How Bulled 3-

06 813-60-7499