


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000117575 1. Entity Name DEPOT PROPERTIES, INC.	
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01312005 No Chg-P CR2E034 (10/03)

Principal Place of Business 19012 1ST ST SW LUTZ, FL 33548	Mailing Address 19012 1ST ST SW LUTZ, FL 33548
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DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3881430	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent SHULER, SOLOMON 1505 N FLORIDA AVE. TAMPA, FL 33602	
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**DO NOT WRITE
IN THIS SPACE**

9. 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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LONG, JEROLD E 19012 1ST ST SW LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HENTSCHEL, GREGOR E 19012 1ST ST. S.W. LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCEFIELD, DAYNE R 19012 1ST ST. S.W. LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, STEVEN M 19012 ST. SW LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/08/05-80060-019 158.75

**DO NOT WRITE
IN THIS SPACE**

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] Jerold E. Long 2/3/05 8139481023