


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90093 002 \*\*\*150.00

|   |   |         |   |  |  |
|---|---|---------|---|--|--|
| <b>DOCUMENT # P03000015415</b><br>1. Entity Name<br><b>RETREAT PROPERTIES, INC.</b>   |   |         |   |                                       |  |
| Principal Place of Business<br><b>3092 WEST COUNTY HIGHWAY 30A<br/>SANTA ROSE BEACH, FL 32459</b>   |   |         | Mailing Address<br><b>3092 WEST COUNTY HIGHWAY 30A<br/>SANTA ROSE BEACH, FL 32459</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |         | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |  |
| City & State  |   |         | City & State  |  |  |
| Zip   |   | Country |   | Zip  |  |
| Country   |   | Country |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                        |  |
| 6. Name and Address of Current Registered Agent<br><b>BARTH, JAMES C<br/>30 SOUTH SHORE DRIVE<br/>DESTIN, FL 32550</b>  |   |         |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City      |  |
| 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.   |   |         |   | Applied For<br>Not Applicable  |  |
| SIGNATURE _____<br><small>Signature of individual or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |         |   | DATE _____   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |   |         |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |         |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D GOUGH, GERALD<br>62 HERON POINTE CT.<br>DESTIN, FL 32550        |         |   | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D PATTON, THOMAS S<br>P.O. BOX 1703<br>SANTA ROSA BEACH, FL 32459 |         |   | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                   |         |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                   |         |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                   |         |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                   |         |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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 807, 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |         |   | Date: <b>4-13-04</b><br><small>Daytime Phone #</small>   |  |

**66419705**



01162004 Chg-P CR2E034 (10/03)

4. FEI Number **30-0179511** Applied For  
Not Applicable

**FL** Zip Code