2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# P03000039115

Entity Name: PIPER'S LANDING REALTY, INC.

Current Principal Place of Business:

6160 SW THISTLE TERRACE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

6160 SW THISTLE TERRACE
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 59-2110931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAY, A. SAMUEL
6160 S.W. THISTLE TERRACE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

STONE, THOMAS
6160 S.W. THISTLE TERRACE
PALM CITY, FL 34990 US

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: THOMAS STONE 04/22/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GRAY, SAMUEL A
Address: 6160 SW THISTLE TERRACE
City-St-Zip: PALM CITY, FL 34990

Title: DV ( ) Delete
Name: STONE, THOMAS
Address: 6160 SW THISTLE TERRACE
City-St-Zip: PALM CITY, FL 34990

Title: DT ( ) Delete
Name: LUCA, WILLIAM
Address: 6160 SW THISTLE TERRACE
City-St-Zip: PALM CITY, FL 34990

Title: S ( ) Delete
Name: TEACH, SUSAN
Address: 6160 SW THISTLE TERRACE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition
Name: GRAY, SAMUEL A
Address: 6160 SW THISTLE TERRACE
City-St-Zip: PALM CITY, FL 34990

Title: DP (X) Change ( ) Addition
Name: STONE, THOMAS
Address: 6160 SW THISTLE TERRACE
City-St-Zip: PALM CITY, FL 34990

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: THOMAS STONE DP 04/22/2005
Electronic Signature of Signing Officer or Director Date