

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000055194					
1. Entity Name F.E.O. PROPERTIES, INC.					
Principal Place of Business PO BOX 690884 ORLANDO, FL 32869			Mailing Address PO BOX 690884 ORLANDO, FL 32869		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 30-0188266	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, ARTINA E 1044 SANTA ANITA ST ORLANDO, FL 32808			7. Name and Address of New Registered Agent Name <u>Artina E Jackson</u> Street Address (P.O. Box Number is Not Acceptable) <u>16928 Ketcher Ct</u> City <u>Orlando</u> FL Zip Code <u>32807</u>		
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. SIGNATURE: <u>[Signature]</u> - President DATE: <u>6/29/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JACKSON, ARTINA E <input type="checkbox"/> Delete PO BOX 690884 ORLANDO, FL 32807		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>6/29/05</u> Daytime Phone # <u>407-721-4894</u>		

50054826



06292005 Chg-P CR2E034 (10/03)

4. FEI Number
30-0188266

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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SIGNATURE: [Signature] Date 6/29/05 Daytime Phone # 407-721-4894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR