

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90160 045 ***150.00

DOCUMENT # P03000059144 1. Entity Name DEFENDER PROPERTIES AND INVESTMENTS, INC.			
Principal Place of Business 6691 ELECTRA AVE. NORTH PORT, FL 34287 US		Mailing Address 6691 ELECTRA AVE. NORTH PORT, FL 34287 US	
2. Principal Place of Business 6093 DEER RUN RD		3. Mailing Address PO Box 7497	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State NORTH Port FL		City & State NORTH Port FL	
Zip 34286		Zip 34287	
Country USA		Country USA	
4. FEI Number 75-3117518		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACOBS, DONALD P 6691 ELECTRA AVE NORTH PORT, FL 34287		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6093 DEER RUN RD City NORTH Port FL Zip Code 34286	
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: 4-25-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME JACOBS, DONALD P	TITLE P/D/T	NAME 6093 DEER RUN RD
STREET ADDRESS 6691 ELECTRA AVE	CITY-ST-ZIP NORTH PORT, FL 34287	STREET ADDRESS NORTH Port FL 34286	CITY-ST-ZIP 34286
TITLE VP	NAME JACOBS, JUDITH N	TITLE V/S/D	NAME 6093 DEER RUN RD
STREET ADDRESS 6691 ELECTRA AVE	CITY-ST-ZIP NORTH PORT, FL 34287	STREET ADDRESS NORTH Port FL 34286	CITY-ST-ZIP 34286
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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: 4-25-05 (941) 468-1957 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			