


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

|   |   |                                 |   |   |  |
|---|---|---------------------------------|---|---|--|
| <b>DOCUMENT # P03000060989</b><br>1. Entity Name<br>SOVEREIGN NATIONAL PROPERTY CO., INC.   |   |                                 |   |                                  |  |
| Principal Place of Business<br>8210 LAKEWOOD RANCH BLVD.<br>BRADENTON, FL 34202 US  |   |                                 | Mailing Address<br>8210 LAKEWOOD RANCH BLVD.<br>BRADENTON, FL 34202 US  |   |  |
| 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                         |   | 4. FCI Number<br>16-1669461   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |   |                                 |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br>SCHIER, JAMES R<br>8210 LAKEWOOD RANCH BLVD.<br>BRADENTON, FL 34202  |   |                                 |   | 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.   |   |                                 |   | FL Zip Code   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</small>  |   |                                 |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |   |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |                                 |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DVPT<br>SCHIER, JAMES R<br>8210 LAKEWOOD RANCH BLVD.<br>BRADENTON, FL 34202 | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>HEIM, PRISCILLA<br>8210 LAKEWOOD RANCH BLVD.<br>BRADENTON, FL 34202    | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>NEAL, PATRICK K<br>8210 LAKEWOOD RANCH BLVD.<br>BRADENTON, FL 34202   | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>  | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>  | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>  | <input type="checkbox"/> Delete |   |   |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |                                 |   |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>U000000287219<br>04/04/05-80059-014 150.00   |   |                                 |   |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                 |   |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                 |   |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                 |   |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                 |   |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                 |   |   |  |
| <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 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>Priscilla Heim</u> <u>3/8/05</u> <u>941-328-1034</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |                                 |   |   |  |