

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90144 043 ***150.00

DOCUMENT # P03000079747 1. Entity Name 250 PARK AVENUE TRUSTEE, INC.					
Principal Place of Business 250 S. PARK AVE SUITE 630 WINTER PARK, FL 32789			Mailing Address 250 S. PARK AVE SUITE 630 WINTER PARK, FL 32789		
2. Principal Place of Business 250 Park Ave. South		3. Mailing Address P.O. Box 3010			
Suite, Apt. #, etc. Suite 630		Suite, Apt. #, etc.			
City & State Winter Park, FL		City & State Winter Park, FL		4. FEI Number NOT APPLICABLE	
Zip 32789		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BATTAGLIA, WP 250 SELUM PARK AVE SUITE 650 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 250 Park Ave. South Suite 630 City Winter Park FL Zip Code 32790		
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>W.P. Battaglia</u> DATE: <u>04/20/06</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	DP STAHLEY, SCOTT R 300 SOUTH ORANGE AVE., STE. 975 ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SLONE, JENNIFER L 300 S ORNAGE AVE # 1000 ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BATTAGLIA, W.P. PO BOX 3010 WINTER PARK, FL 32790	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BATTAGLIA, R.E. PO BOX 3010 WINTER PARK, FL 32790	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD BUTTS, ANSLEY B PO BOX 3010 WINTER PARK, FL 32790	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>W.P. Battaglia</u> <u>04/20/06</u> 407-622-1700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					