2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000080645

FILED Feb 16, 2005 8:00 am Secretary of State

02-16-2005 90057 028 ***150.00

Signature South Signature required agent Status Desired Status D	1. Entity Nam ON THE		PROPERTIES, INC	C.											
LIGHTHOUSE POINT, FL 33064 POMPANO BEACH, FL 33074 2. Principal Place of Business P. O. Box 50170 Suite. Apt. #, old. City & State Country 33 07 4 Broward To Name and Address of Current Registered Agent To Name and Address of New Registered Agent Fee Required Fee Requir	*				Mailing Address							~vu	- I (7 k Y-	
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc.											·····				
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc.	2. Principal F	Place of Busin	ess	3. Mai	ling Address										
City & State City & State City & State City & State Lighthouse Point FL A. FEN Number Registered Register	· · · · · · · · · · · · · · · · · · ·												,, 10.,,1 00.11	• • • • • • • • • • • • • • • • • • • •	
Lighthouse Point FL 72-1569744	·									•	Chg-P	C	R2E03	<u> </u>	<u> </u>
BEIGHLEY & MYRICK, P.A. BEIGHLEY & MYRICK, P.A. BEIGHLEY & MYRICK, P.A. Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City City City FL Zip Code Code City C	City & State			1 -			nt F	I			1				Applied For Not Applicable
BEIGHLEY & MYRICK, P.A. 1255 W. ATLANTIC BLVD. 314 POMPANO BEACH, FL 33069 City FL Zip Code City FL	Zip		Country		74				5. Certifical	te of Sta	tus Desire	d [
BEIGHLEY & MYRICK, P.A. 1255 W. ATLANTIC BLVD. 314 POMPANO BEACH, FL 33069 City FL Zip Code City FL State agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent and title if appointment agent and title if appointment agent agen					gistered Agent			7. Name and Address of Ne				w Registered Agent			
Sired Address (P.O. Box Number is Not Acceptable) Sired Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and active the obligations of registered agent. SIGNATURE SIGNATUR	BEIGHLE	· · · Y & MYRIC	CK PA	•			- Name			بنب					
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 at the obligations of registered agent. Signature Spinute, typed or printed name of repatiened agent and tells of expidicate. (NOTE: Registered office or registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent. Image: Post of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent. Image: Post of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent. Image: Post of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent. Image: Post of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent. Image: Post of the purpose of the pu	1255 W. ATLANTIC BLVD. 314						Street A	ddress (f	P.O. Box Num	ber is N	ot Accepta	able)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE Sprakers, speed or protect name of registered agent and title if spokease. (NOTE: Registered Agent signeture required when remaining) After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME CHAUNCEY, JEFFREY B STREET ADRESS CITY-ST-ZIP POMPANO BEACH, FL 33064 ITILE NAME STREET ADRESS CITY-ST-ZIP Lighthouse Point, FL 33064 TILE NAME STREET ADRESS CITY-ST-ZIP ITILE NAME STREET ADRESS CITY-ST-ZIP TILE NAME STREET ADRESS CITY-ST-ZIP ITILE NAME STREET ADRESS CITY-ST-ZIP TILE NAME STREET ADRESS CITY-ST-ZIP ITILE NAME STREET ADRESS CITY-ST-ZIP TILE NAME STREET ADRESS CITY-ST-ZIP ITILE NAME STREET ADRESS CITY-ST-ZIP TILE NAME STREET ADRESS CITY-ST-ZIP ITILE NAME STREET ADRESS CITY-ST-ZIP TILE NAME STREET ADRESS CITY-ST-ZIP ITILE NAME STREET ADRESS CITY-ST-ZIP TILE NAME STREET ADRESS CITY-ST-ZIP ITILE NAME STREET ADRESS CITY-ST-ZIP TILE NAME STREET ADRESS CITY-ST-ZIP ITILE NAME STREET ADRESS CITY-ST-ZIP TILE NAME STREET ADRESS CITY-ST-ZIP ITILE NAME STREET ADRESS CITY-ST-ZIP TILE NAME STREET ADRESS CITY-ST-ZIP ITILE NAME STREET ADRESS C	POMPANO BEACH, FL 33069						City					Zip Code			
SIGNATURE Signat	8. The above	named entity	y submits this statement for	or the purp	ose of changing its	registere	ed office or	register	ed agent, or b	oth, in t	ne State of	f Florida.		miliar with	n, and accept
### FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Part Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS IN 12 10. OFFICERS AND DIRE	-			and title if app	licable. (NOTE	E: Registere	d Agent signatu	be required	when reinstating)				DATE		·
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS												,			
NAME STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33064 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	10.	·	OFFICERS AND	DIRECTO	RS	11.	-		ADDITIONS	S/CHAN	IGES TO C	OFFICER	S AND I	DIRECTO	RS IN 11
STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33064 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		1 '	EV IEEEDEVR		☐ Delete									Change	. Addition
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME		i	•												
NAME SIREET ADDRESS CITY-ST_ZIP TITLE NAME NAME NAME NAME	CITY-ST-ZIP	POMPAN	O BEACH, FL 33064			CITY	-ST-ZIP	Lig	hthous	se E	oint	, F	L 3	3064	
STREET ADDRESS CITY-ST_ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME					☐ Delete									☐ Change	Addition Addition
CITY-ST-ZIP															
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME TITLE NAME TITLE NAME NAME	CITY-ST_ZIP														
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME					☐ Delete	TITLE								☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME TITLE NAME CHARGE															
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM					-										
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME TITLE NAME NAME TITLE NAME THE Change A Chang					☐ Delete				•					Change	Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE NAME TITLE NAME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME Delete TITLE NAME NAME NAME -		_					1								
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME -															
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHange A Change A				-	☐ Delete							,		☐ Change	Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME		İ													
HAME NAME															
· · · · · · · · · · · · · · · · · · ·					☐ Delete	TITLE								Change	Addition
STREET ADDRESS 1-							1				-				
CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

210.05 Date 954 282 · 1882