


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000102458	
1. Entity Name PREMIER PROFESSIONAL PARK OF EUSTIS, INC.	

Principal Place of Business 3541 HARBOUR DRIVE MOUNT DORA FL 32757	Mailing Address 3541 HARBOUR DRIVE MOUNT DORA FL 32757
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent GAGLIANO, NINO J SR 3541 HARBOUR DRIVE MOUNT DORA FL 32757
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4. FEI Number 20-0244576	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOWRANCE, THOMAS E 35113 STAGE COACH TRAIL EUSTIS FL 32736	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000323752 04/22/05-80068-004 158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAGLIANO, NINO J SR 3541 HARBOUR DRIVE MOUNT DORA FL 32757	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000323752 04/22/05-80068-004 158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KURTZ, STEPHEN T SR 343035 PARK LANE LEESBURG FL 34788	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME 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: 	4/20/05	352-393-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #