## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## May 04, 2005 8:00 am Secretary of State DOCUMENT # P03000157597 05-04-2005 90183 006 \*\*\*150.00 NADDAF PROPERTIES, INC. Principal Place of Business Mailing Address 630 PERDIDO DR 630 PERDIDO DR 50048295 ORANGE PARK, FL 32003 ORANGE PARK, FL 32003 2. Principal Place of Business 3. Mailing Address 1801 Lake Shore Dr Dr. N. 801 Lake Suite, Apt. #, etc. 04302005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number Orang 20-0550612 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 00 3 U51 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BREWER, WARREN 1343 ORTON STREET Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32245 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete Addition TITLE TITLE Change NAODAF Pierre 1801 Lakeshore Dr. No. NAME NADDAF, PIERRE 630 PERDIDO DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32003 CITY-ST-ZIP TITLE Delete TITLE Addition | NADDAF, MARY NAME NAME STREET ADDRESS 630 PERDIDO DR STREET ADDRESS ORANGE PARK, FL 32003 32003 CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE Addition NAME NAME STREET ADORESS STREET ARIDRESS CITY-ST-ZP CITY-ST-ZE TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 attactment with an address, with all other like empowered.

**FILED**