


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**


05-03-2005 90175 030 \*\*\*150.00

<b>DOCUMENT # P04000020955</b>	
1. Entity Name <b>GEORGE PROPERTIES, INC.</b>	

Principal Place of Business <b>5115 NORTH SOCRUM LOOP #49 LAKELAND, FL 33809</b>	Mailing Address <b>5115 NORTH SOCRUM LOOP #49 LAKELAND, FL 33809</b>
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2. Principal Place of Business <b>371 Audubon Oaks Dr</b> Suite, Apt. #, etc. <b>#101</b> City & State <b>LAKELAND, FLORIDA</b> Zip <b>33809</b> Country <b>USA</b>	3. Mailing Address <b>371 Audubon Oaks Dr</b> Suite, Apt. #, etc. <b>#101</b> City & State <b>LAKELAND, FLORIDA</b> Zip <b>33809</b> Country <b>USA</b>
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04192005	Chg-P CR2E034 (10/03)
4. FEI Number <b>20-0714117</b>	Applied For <input checked="" type="checkbox"/> Not-Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>LAFFERTY, JULIA 5115 NORTH SOCRUM LOOP #49 LAKELAND, FL 33809</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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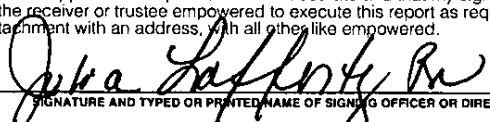
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P LAFFERTY, JULIA RN 5115 NORTH SOCRUM LOOP #49 LAKELAND, FL 33809</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LAFFERTY, JOHN M MD 925 CAMELOT LANE LAKELAND, FL 33803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA LAFFERTY, ROBIN W 5949 HWY 29 S HOPE, AR 71801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC LAFFERTY, J. PHILLIP 201 MOUNTAIN VIEW LANE COLUMBIANA, AL 35051</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 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:**  **04/28/2005 (863) 661-4275**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #