## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 26, 2005 8:00 am Secretary of State

AS PINE LAKE VIEW DOTE DIVENPORT, FL 33837  Alling Address  8.70 T CHANNER RUNG GOVE DIVENPORT, FL 33837  2. Principal Place of Business  8.3 Mailing Address  8.70 T CHANNER RUNG GOVE DIVENPORT, FL 33837  CHANNER RUNG GOVE Sure  CO 4 Size  CO 5 Size  CO 6 Nome and Address of Current Registered Apent  FL AS PINE LAKE VIEW DORLE DAVENPORT, FL 33837  CO 7 Size  RUNG GOVE FROM THE SIZE OF FROM THE SIZE OF FORCE, I am formiss with and acception to despitatored agent.  Signature:  FL SIZE NOMEN SIZE SIZE SIZE SIZE SIZE SIZE SIZE SIZE	DOCUMENT # P04000027891  1. Entity Name SIMPLY FLORIDA PROPERTY MANAGEMENT INC.							04-29-2005	90208 0	)18 ***1	50.00	
DAVENPORT, FL 33837  DAVENPORT, FL 33837  DAVENPORT, FL 33837  DAVENPORT, FL 33837  DAVENDORT, FL 33837  DAVENDORT	Principal Place	of Business		Mailing Address		<u>,</u>		•				
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Sulfo, April - 4 etc.    Sulfo	2. Principal Place of Business											
EVANS, RAYMOND H  435 PINE LAKE VIEW DRIVE  DAVENPORT, FL 33837  EVANS, RAYMOND H  436 PINE LAKE VIEW DRIVE  DAVENPORT, FL 33837  EVANS, RAYMOND H  437 PILE NOWN: pre-18 9180 00  10. OFFICERS AND DIRECTORS  TILE NOWN: pre-18 9180 00  TOUR POPULATION AND STORY OFFICERS AND DIRECTORS IN 11  TILE WANS, RAYMOND H  SITES NOWN: SPINE LAKE VIEW DRIVE  DAVENPORT, FL 33837   B. Election Carrosaign Financing  Address of Situs Desired   Salt Sol Day Bear Address of New Registered Agent  Thus Even Address of Pine Registered Agent  Thus Even Address of Pine Registered Agent  Thus Even Address of Pine Registered Agent  The above remove analyse ubmits this statement for the purpose of changing its registered affice or registered agent. or both, in the State of Pinds. I am familiar with, and accept the obligation of registered agent.  FILE NOWN: pre-18 9180 00  TOUR Registered Agent spine, is registered agent.  The Address of Current Registered Agent  Thus Even Will be \$350,00  Tour Spine Will be \$350,00  Tour	Suite, Apt. #, etc.			Suite, Apt. 4, etc.			<u>.</u>	<b>_</b>			#12F2	
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EVANS, RAYMOND H  435 PINE LAKE VIEW DRIVE DAVENPORT, FL 33837  6. The above remad entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with and accept the familiar and registered in the purpose of the registered registered agent, or both, in the State of Florida. I am familiar with and accept the familiar and registered agent, or both, in the State of Florida.  10.	Zip			33896	Cou	w.	5. Certificate	of Status Desired		Fee Require		
Street Address (P.O. Box Number is Not Acceptable)    City		6. Name	and Address of Current	Registered Agent		Name	7. Name and	d Address of New R	egistered A	gent	-	
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 sociept the obligations of registered agent.  SIGNATURE:    SIGNATURE   STATE   S	435 PINE LAKE VIEW DRIVE					Street Address (P.O. Box Number is Not Acceptable)						
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SIGNATURE    Symbol types or grown feet at displacement agree and see 1 regolation.   IAOTE Regovered Apart approximation and product of recorded of a realization.   Designation of the state of the st	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 acce											
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After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   P												
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