


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2005 MAY 23 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000155736 1. Entity Name WATERFRONT PROPERTIES OF SOUTH EAST INC.																													
Principal Place of Business 10562 RIVERSIDE RD PORT CHARLOTTE, FL 33981			Mailing Address 10562 RIVERSIDE RD PORT CHARLOTTE, FL 33981																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip		Country		Zip																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BARBIC, DONALD E 10562 RIVERSIDE RD PORT CHARLOTTE, FL 33981																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																													
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 remitting) Signature, typed or printed name of registered agent and title if applicable. DATE																													
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">PD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BARBIC, DONALD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10562 RIVERSIDE RD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PORT CHARLOTTE, FL 33981</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">VP</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>BARBIC, BRETT KRISTIAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>19562 RIVERSIDE RD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PORT CHARLOTTE FL. 33981</td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	BARBIC, DONALD		STREET ADDRESS	10562 RIVERSIDE RD		CITY - ST - ZIP	PORT CHARLOTTE, FL 33981		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	BARBIC, BRETT KRISTIAN		STREET ADDRESS	19562 RIVERSIDE RD		CITY - ST - ZIP	PORT CHARLOTTE FL. 33981	
TITLE	PD	<input type="checkbox"/> Delete																											
NAME	BARBIC, DONALD																												
STREET ADDRESS	10562 RIVERSIDE RD																												
CITY - ST - ZIP	PORT CHARLOTTE, FL 33981																												
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																											
NAME	BARBIC, BRETT KRISTIAN																												
STREET ADDRESS	19562 RIVERSIDE RD																												
CITY - ST - ZIP	PORT CHARLOTTE FL. 33981																												
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		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: <u>Donald Barbic</u> 5-19-05 941-662-5543 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													