

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 JAN -9 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000098858 1. Entity Name INVESTORS PROPERTY CORPORATION					
Principal Place of Business 351 NE 8TH AVENUE OCALA, FL 34470			Mailing Address 351 NE 8TH AVENUE OCALA, FL 34470		
2. Principal Place of Business 9951 Atlantic Blvd.		3. Mailing Address P.O. Box 16372			
Suite, Apt. #, etc. 441		Suite, Apt. #, etc.			
City & State Jacksonville, FL 32225		City & State Jacksonville, FL 32245		4. FEI Number 42-1674465	
Zip Duval		Zip Duval		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMP, DENNIS D ESQ. 351 NE 8TH AVENUE OCALA, FL 34470			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 restoring) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				300064515308 01/25/06--01035--005 **158.75	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KING, ADRIAN <input checked="" type="checkbox"/> Delete 14286 BEACH BLVD. -19 #314 JACKSONVILLE, FL 322501568		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KING, ADRIAN 9951 ATLANTIC BLVD., STE., 441 JACKSONVILLE, FL 32225	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete KING, ANDRIA 14286 BEACH BLVD. -19 #314 JACKSONVILLE, FL 322501568		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KING, ANDRIA 9951 ATLANTIC BLVD., STE., 4441 JACKSONVILLE, FL 32225	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete KING, BEVERLY A 14286 BEACH BLVD. -19 #314 JACKSONVILLE, FL 322501568		TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KING, BEVERLY A. 9951 ATLANTIC BLVD., STE., 441 JACKSONVILLE, FL 32225	
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	
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 exemptions contained in Chapter 119, 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>Beverly A. King</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01-06-2006 904-720-1782 <small>Date Daytime Phone #</small>		