

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000018598

FILED  
Mar 20, 2008  
Secretary of State

Entity Name: DIVINE PROPERTIES OF CENTRAL FLORIDA, INC.

## Current Principal Place of Business:

1129 PINEY WOODS TRAIL  
OSTEEN, FL 32764

## New Principal Place of Business:

## Current Mailing Address:

1129 PINEY WOODS TRAIL  
OSTEEN, FL 32764

## New Mailing Address:

FEI Number: 83-0477162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCGINLEY, PATRICK J  
2265 LEE ROAD  
SUITE 100  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

SCHIFFERMILLER, RUTH  
1129 PINEY WOODS TRAIL  
OSTEEN, FL 32764 US

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.

SIGNATURE: RUTH SCHIFFERMILLER

03/20/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: SCHIFFERMILLER, KENNETH  
Address: 1129 PINEY WOODS TRAIL  
City-St-Zip: OSTEEN, FL 32789

Title: VP ( ) Delete  
Name: SCHIFFERMILLER, RUTH  
Address: 1129 PINEY WOODS TRAIL  
City-St-Zip: OSTEEN, FL 32764

Title: VP ( ) Delete  
Name: TORRES, GILBERTO  
Address: 5823 AUTUMN CHASE CIRCLE  
City-St-Zip: SANFORD, FL 32773

Title: VP ( ) Delete  
Name: TORRES, ANA M  
Address: 5823 AUTUMN CHASE CIRCLE  
City-St-Zip: SANFORD, FL 32773

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH SCHIFFERMILLER

VP

03/20/2008

Electronic Signature of Signing Officer or Director

Date