



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90462 027 ***150.00

DOCUMENT # P92000012074 1. Entity Name ARDMORE PROPERTIES, INC.					
Principal Place of Business 504 1/2 S N. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168			Mailing Address P.O. BOX 1685 NEW SMYMA BEACH, FL 32170		
2. Principal Place of Business 506 N Riverside Dr		3. Mailing Address New Smyrna Beach, FL			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State New Smyrna Beach, FL		4. FEI Number 59-3159375	
Zip 		Zip 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 		Country 		03102005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent OSWALD, KENNETH F 600 COURTLAND STREET SUITE 110 ORLANDO, FL 32804				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, JERRY C P O BOX 1685 NEW SMYMA BEACH, FL 321701685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition New Smyrna Beach, FL 32170-1685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EVANS, LAURA M PO BOX 1685 NEW SMYMA BEACH, FL 321701685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition New Smyrna Beach, FL 32170-1685	
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	
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:  Jerry C. Evans Apr. 10, 2005 386-423-8884 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					