
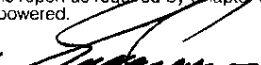


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90068 034 ***550.00

DOCUMENT # P93000066948 1. Entity Name PLANTATION MEADOWS APARTMENTS, INC.																		
Principal Place of Business 7221 NW 16TH B-144 PLANTATION, FL 33313 US		Mailing Address 5115 NW 17TH TERR #39A FT LAUDERDALE, FL 33303 US																
2. Principal Place of Business 7261 NW 16th STREET Suite, Apt. #, etc. B-144 City & State PLANTATION FL Zip 33313 Country USA	3. Mailing Address 11497 COLUMBIA PK DRIVE W. Suite, Apt. #, etc. STE # 7 City & State JACKSONVILLE FL Zip 32258 Country USA																	
4. FEI Number 65-0437906		Applied For <input type="checkbox"/> Not Applicable																
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																
6. Name and Address of Current Registered Agent PAPAGEORGE, SPYROS 5115 N.W. 17TH TERRACE, 39A FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name PAPAGEORGE, SPYROS Street Address (P.O. Box Number is Not Acceptable) 11497 COLUMBIA PK DRIVE W., STE #7 City JACKSONVILLE FL Zip Code 32258																
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> 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																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 2px;"> TITLE P <input type="checkbox"/> Delete NAME PAPAGEORGE, SPYROS STREET ADDRESS % 4001 N UNIVERSITY DR #A-108 CITY-ST-ZIP SUNRISE, FL </td> <td style="width: 50%; padding: 2px;"> TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 11497 COLUMBIA PK DRIVE W., STE #7 STREET ADDRESS JACKSONVILLE, FL 32258 CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> TITLE ST <input type="checkbox"/> Delete NAME PAPAGEORGE, MELANIE STREET ADDRESS % 4001 N UNIVERSITY DR #A-108 CITY-ST-ZIP SUNRISE, FL </td> <td style="padding: 2px;"> TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 11497 COLUMBIA PK DRIVE W., STE #7 STREET ADDRESS JACKSONVILLE FL 32258 CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> TITLE VP <input type="checkbox"/> Delete NAME PAPAGEORGE, JOHN STREET ADDRESS % 4001 N UNIVERSITY DR #A-108 CITY-ST-ZIP SUNRISE, FL </td> <td style="padding: 2px;"> TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 11497 COLUMBIA PK DRIVE W., STE #7 STREET ADDRESS JACKSONVILLE, FL 32258 CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> </table>			10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE P <input type="checkbox"/> Delete NAME PAPAGEORGE, SPYROS STREET ADDRESS % 4001 N UNIVERSITY DR #A-108 CITY-ST-ZIP SUNRISE, FL	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 11497 COLUMBIA PK DRIVE W., STE #7 STREET ADDRESS JACKSONVILLE, FL 32258 CITY-ST-ZIP	TITLE ST <input type="checkbox"/> Delete NAME PAPAGEORGE, MELANIE STREET ADDRESS % 4001 N UNIVERSITY DR #A-108 CITY-ST-ZIP SUNRISE, FL	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 11497 COLUMBIA PK DRIVE W., STE #7 STREET ADDRESS JACKSONVILLE FL 32258 CITY-ST-ZIP	TITLE VP <input type="checkbox"/> Delete NAME PAPAGEORGE, JOHN STREET ADDRESS % 4001 N UNIVERSITY DR #A-108 CITY-ST-ZIP SUNRISE, FL	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 11497 COLUMBIA PK DRIVE W., STE #7 STREET ADDRESS JACKSONVILLE, FL 32258 CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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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: SPYROS PAPAGEORGE  9-6-05 954 741-6440 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																		

50065567



07212005 Chg-P CR2E034 (10/03)