

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90274 044 ***150.00

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DOCUMENT # P93000087692			
1. Entity Name SHOPPING CENTERS, ETC., INCORPORATED			
Principal Place of Business 203 ADAIR AVENUE LONGWOOD, FL 32750		Mailing Address 203 ADAIR AVENUE LONGWOOD, FL 32750	
2. Principal Place of Business <i>251 ROBIN ROAD</i>		3. Mailing Address <i>251 ROBIN ROAD</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>ALTA MONTE SPRINGS, FL</i>		City & State <i>ALTA MONTE SPRINGS, FL</i>	
Zip <i>32701</i>		Zip <i>32701</i>	
Country		Country	
4. FEI Number 59-3219349		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 HENKHAUS, BARBARA 203 ADAIR AVE LONGWOOD, FL 32750		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
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	PSTV HENKHAUS, BARBARA 203 ADAIR AVE LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Barbara Henkhaus</i>		Date: <i>4/20/05</i> Daytime Phone #: <i>407-830-0778</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			