

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000014256 (9)**

1. Corporation Name

**EARTH PROPERTIES, INC.**



Principal Place of Business

**1581 OAKS BLVD.D  
NAPLES FL 33999**

Mailing Address

**1581 OAKS BLVD.D  
NAPLES FL 33999**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DESNOYERS, SANDRA  
1581 OAKS BLVD.  
NAPLES FL 33999**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

(And the Registered Agent's signature required when not stated)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PTD  
DESNOYERS, SANDRA  
1581 OAKS BLVD.  
NAPLES FL 33999**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**SVD  
DESNOYERS, RICHARD  
1581 OAKS BLVD.  
NAPLES FL 33999**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY- ST- ZIP  
☐ Change ☐ Addition

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY- ST- ZIP  
☐ Change ☐ Addition

9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY- ST- ZIP  
☐ Change ☐ Addition

13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY- ST- ZIP  
☐ Change ☐ Addition

17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY- ST- ZIP  
☐ Change ☐ Addition

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY- ST- ZIP  
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

*Sandra Desnoyers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*SANDRA DESNOYERS*  
DATE

*5/13/96*  
800-598-3366

CR2E034 (12/95)