


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000026916	
1. Entity Name CACTUS APARTMENTS, INC.	

FILED
04 APR -2 AM 10:12

CLERK OF THE COURT
TALLAHASSEE, FLORIDA



Principal Place of Business 602 TALAFLO ST TALLAHASSEE, FL 32308 US	Mailing Address 602 TALAFLO ST TALLAHASSEE, FL 32308 US
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2. Principal Place of Business 503 Wilson Trce Suite, Apt. #, etc.	3. Mailing Address 503 Wilson Trce Suite, Apt. #, etc.
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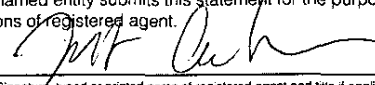
04022004 Chg-P CR2E034 (10/03)

City & State Tallahassee FL	City & State Tallahassee FL
Zip 32303	Country USA

4. FEI Number 59-3237503	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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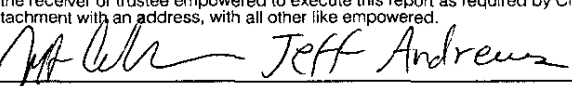
6. Name and Address of Current Registered Agent ANDREWS, JEFF 515 JOHN KNOX RD 602 TALAFLO ST. TALLAHASSEE, FL 32308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Tallahassee FL Zip Code 32303
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8. 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 	DATE 4/2/04
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP ANDREWS, JEFF 602 TALAFLO ST TALLAHASSEE, FL 32308 <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
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04/13/04--01103--014 **150.00

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:  Jeff Andrews	DATE 4/2/04