

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-02-2005 90031 031 ***550.00

DOCUMENT # P94000083181

1. Entity Name
STREET'S PROPERTIES, INC.



Principal Place of Business
**4060 ELLIS RD
FT MYERS, FL 33905 US**

Mailing Address
**4060 ELLIS RD
FT MYERS, FL 33905 US**

30059171

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07262005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AULEN, RAIMOND
4060 ELLIS RD.
FT. MYERS, FL 33905**

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

7/26/2005

**FILE NOW!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ALLEN, RAIMOND**
STREET ADDRESS **4060 ELLIS RD**
CITY-ST-ZIP **FT MYERS, FL 33905**

TITLE **VP** ☒ Delete
NAME **HAMMEL DAVID**
STREET ADDRESS **2316 CLIFFORD ST**
CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE **S** ☒ Delete
NAME **KNAFKA, GARY**
STREET ADDRESS **2247 ALTA MONT AVE**
CITY-ST-ZIP **FORT MYERS, FL 339013539**

TITLE **T** ☒ Delete
NAME **KRAFT, DAVID**
STREET ADDRESS **1431 DEL RIO DR**
CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP - OPERATIONS** ☐ Change ☒ Addition
NAME **JAMES MILLER**
STREET ADDRESS **19681 SKIPPER AD**
CITY-ST-ZIP **FT. MYERS, FL 33917**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **THOMAS BEAVERS**
STREET ADDRESS **222 SE 26TH ST**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

7/26/2005 239 265 4444

Date

Daytime Phone #