


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000087757 1. Entity Name CONCH SHELL PROPERTIES, INC.	
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Principal Place of Business 313 DUVAL ST. KEY WEST, FL 33040 US	Mailing Address 905 VON PHISTER ST KEY WEST, FL 33040 US
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0542514	Applied For <input type="checkbox"/> 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 SAMAHA, FOUAD 905 VON PHISTER ST KEY WEST, FL 33040

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IN THIS SPACE**

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LADHA, ISSA F 9020 EASTERLING DR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LADHA, NAVEEN 9020 EASTERLING DR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAMAHA, EVAGELIA 905 VON PHISTER ST KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMAHA, FOUAD 905 VON PHISTER ST KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/12/05-80017-017 150.00

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IN THIS SPACE**

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, on an attachment with an address, with all other like empowered.

SIGNATURE: *Fouad Samaha* **FOUAD SAMAHA** JAN 09, 05 (305) 294 4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #