## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000063117

Entity Name: TATE PROPERTIES, INC.

FILED Feb 01, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2453 ORLANDO CENTRAL PKWY ORLANDO, FL 32809 **Current Mailing Address: New Mailing Address:** 2453 ORLANDO CENTRAL PKWY ORLANDO, FL 32809 FEI Number: 59-3335283 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LATIMER, DUANE 1950 COVE COLONY RD MAITLAND, FL 32751 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO ( ) Delete Title: (X) Change ( ) Addition Name: TATE, WILLIAM A Name: TATE, WILLIAM A 2931 SUMMERFIED RD. 2931 SUMMERFIELD RD. Address: Address: City-St-Zip: WINTER PARK, FL City-St-Zip: WINTER PARK, FL 32792 US Title: Title: () Delete (X) Change ( ) Addition Name: TATE, JOHN A Name: TATE, JOHN A 202 CALLIOPE STREET 202 CALLIOPE STREET Address: Address: OCOEE, FL 34761 US City-St-Zip: OCOEE, FL 34761 City-St-Zip: Title: ( ) Delete Title: D (X) Change ( ) Addition TATE, HELEN B TATE, HELEN B Name: Name: 2931 SUMMERFIELD RD 2931 SUMMERFIELD RD Address: Address: WINTER PARK, FL 32792 City-St-Zip: WINTER PARK, FL 32792 US City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition LATIMER, DUANE A LATIMER, DUANE A Name: Name: Address: 1950 COVE COLONY RD Address: 1950 COVE COLONY RD City-St-Zip: MAITLAND, FL 32751 US MAITLAND, FL 32751 City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete DECKER, SHARON L DECKER, SHARON L Name: Name: 212 ROBIN LEE RD. Address: 212 ROBIN LEE RD. Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 US Title: (X) Delete Title: () Change () Addition SULLIVAN, SANDRA Name: Name: 0142 BEACH BLOW LANE. Address: Address: City-St-Zip: City-St-Zip: BASALT, CO 81621

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUANE LATIMER D 02/01/2006