


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000064664	
1. Entity Name RASCAL PROPERTIES, INC.	

Principal Place of Business 160 W. EVERGREEN LONGWOOD FL 32750 US	Mailing Address P.O. BOX 520837 LONGWOOD FL 32752-0837 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

4. FEI Number 59-3342132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THOMPSON, JANICE A 160 W. EVERGREEN LONGWOOD FL 32750

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when re-stating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	NAME
ST	THOMPSON, JANICE A
<input type="checkbox"/> Delete	
STREET ADDRESS	160 W. EVERGREEN
CITY - ST - ZIP	LONGWOOD FL 32750
TITLE	NAME
P	THOMPSON, LEON H
<input type="checkbox"/> Delete	
STREET ADDRESS	160 W. EVERGREEN
CITY - ST - ZIP	LONGWOOD FL 32750
TITLE	NAME
VP	THOMPSON, DEBRA
<input type="checkbox"/> Delete	
STREET ADDRESS	160 W. EVERGREEN
CITY - ST - ZIP	LONGWOOD FL 32750
TITLE	NAME
<input type="checkbox"/> Delete	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
<input type="checkbox"/> Delete	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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)(f), 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: *Leon H. Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April-8-2005
Date Daytime Phone #