


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90417 023 \*\*\*150.00

<b>DOCUMENT # P95000070501</b> 1. Entity Name <b>FLORIDA NATIONAL PROPERTIES, INC.</b>					
Principal Place of Business <b>24301 WALDEN CERNTER DRIVE BONITA SPRINGS, FL 34134</b>			Mailing Address <b>24301 WALDEN CENTER DR SUITE 300 BONITA SPRINGS, FL 34134</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>MOSCATO, ALBERT F JR</b> <b>24301 WALDEN CENTER DRIVE</b> <b>BONITA SPRINGS, FL 34134</b> <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	VSD <b>DYESS, DAVID R</b> <b>24301 WALDEN CENTER DRIVE</b> <b>BONITA SPRINGS, FL 34131</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T <b>Ernest J. Scheidemann</b> <b>24301 Walden Center Drive</b> <b>Bonita Springs, FL 34134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS <b>ADELMAN, STEVEN C</b> <b>23401 WALDEN CENTER DR</b> <b>BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>Steven C. Adelman</b> <b>24301 Walden Center Drive</b> <b>Bonita Springs, FL 34134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS <b>CULLEN, JAMES D</b> <b>24301 WALDEN CENTER DR</b> <b>BONITA SPRINGS, FL 34134</b> <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	VAS <b>HASTINGS, VIVIEN N</b> <b>24301 WALDEN CENTER DR</b> <b>BONITA SPRINGS, FL 34134</b> <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	V/AS <b>Nicole Swartz</b> <b>24301 Walden Center Drive</b> <b>Bonita Springs, FL 34134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Vivien Hastings</u> <u>4/24/06</u> <u>239-498-8213</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					