


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000079596
 1. Entity Name
 312 INDUSTRIAL PARK PROPERTIES, INC.



Principal Place of Business Mailing Address
 312 INDUSTRIAL PARK 124 INLET DR
 #7 SAN BARATOLA ST AUGUSTINE, FL 32084
 ST. AUGUSTINE, FL 32086

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3410073 Not Applicable

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

6. Name and Address of Current Registered Agent

THOUSAND, ROBERT R JR.
 124 INLET DRIVE
 ST. AUGUSTINE, FL 32084

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	THORPE, FOSTER B
STREET ADDRESS	124 INLET DRIVE
CITY - ST - ZIP	ST. AUGUSTINE, FL 32084
TITLE	D
NAME	THOUSAND, ROBERT R JR.
STREET ADDRESS	124 INLET DRIVE
CITY - ST - ZIP	ST. AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000180322
 01/14/05-80001-005 150.00

DO NOT WRITE 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/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: *Foster B. Thorpe* **FOSTER B. THORPE** **JAN 12 '05** **904 829 9733**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #