

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000088487

1. Entity Name
27 PROPERTIES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 24 PM 12:03

Principal Place of Business 390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO, FL 32801	Mailing Address 390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO, FL 32801
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2. Principal Place of Business 3. Mailing Address

01152004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-3348726

Applied For
 Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FL., INC.
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO, FL 32801**

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 _____

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	BROWN, C. DAVID II	
STREET ADDRESS	390 N. ORANGE AVE., STE 1100	
CITY-ST-ZIP	ORLANDO, FL 32801	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600031764706	
STREET ADDRESS	04/05/04--01008--023 **150.00	
CITY-ST-ZIP		

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	ROSEN, ROBERT T	
STREET ADDRESS	390 N. ORANGE AVE., STE 1100	
CITY-ST-ZIP	ORLANDO, FL 32801	

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haworth, Holly	
STREET ADDRESS	390 N. Orange Ave., Ste 1100	
CITY-ST-ZIP	Orlando, FL 32801	

TITLE	V	<input type="checkbox"/> Delete
NAME	RANDAL M. ALLIGOOD	
STREET ADDRESS	390 N. ORANGE AVE., STE 1100	
CITY-ST-ZIP	ORLANDO, FL 32801	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	JANICE MYERS	
STREET ADDRESS	390 N. ORANGE AVE., STE 1100	
CITY-ST-ZIP	ORLANDO, FL 32801	

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pope, Saleesa M.	
STREET ADDRESS	390 N. Orange Ave, Ste 1100	
CITY-ST-ZIP	Orlando, FL 32801	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

Date

407-839-4200

Daytime Phone #