

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 FEB 22 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01042005 Chg-P CR2E034 (10/03) *MRS*

<b>DOCUMENT # P95000088487</b> 1. Entity Name 27 PROPERTIES, INC.					
Principal Place of Business 390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO, FL 32801		Mailing Address 390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO, FL 32801			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3348726</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>B&amp;C CORPORATE SERVICES OF CENTRAL FL., INC.</b> 390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO, FL 32801			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, C. DAVID II	NAME	100047932521		
STREET ADDRESS	390 N. ORANGE AVE., STE 1100	STREET ADDRESS	03/08/05--01029--019 **150.00		
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<del>HAWORTH, HOLLY</del>	NAME	COLLINS, HOLLY		
STREET ADDRESS	390 N. ORANGE AVE., STE 1100	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALLIGOOD, RANDAL M	NAME			
STREET ADDRESS	390 N. ORANGE AVE., STE 1100	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POPE, SALEESA M	NAME			
STREET ADDRESS	390 N. ORANGE AVE., STE 1100	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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:		2/21/05		407-839-4200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>C. David Brown II, President</b>					