


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000096847 1. Entity Name ANSLEY PROPERTIES, INC.															
Principal Place of Business % CAMELOT CHATEAU 1831 SE LAKE WEIR AVENUE OCALA, FL 34471		Mailing Address P.O. BOX 3310 OCALA, FL 34478													
WRITE IN THIS SPACE															
6. Name and Address of Current Registered Agent C. A. HARRIS % CAMELOT CHATEAU 1831 SE LAKE WEIR AVENUE OCALA, FL 34471		<div style="border: 1px solid black; padding: 5px;"> <p>4. FEI Number 65-0643994</p> <p>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</p> </div>													
<p>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.</p> <p>SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____</p>															
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>													
<p>10. OFFICERS AND DIRECTORS</p> <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>PSTD HARRIS, CHARLES A III 1831 SE LAKE WEIR AVENUE OCALA, FL 34471</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>VSD HARRIS, CHARLES A 1831 SE LAKE WEIR AVENUE OCALA, FL 34471</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HARRIS, CHARLES A III 1831 SE LAKE WEIR AVENUE OCALA, FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HARRIS, CHARLES A 1831 SE LAKE WEIR AVENUE OCALA, FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<p>U00000557734 05/17/06-80063-023 150.00</p>	
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<p>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.</p>															
SIGNATURE: <i>C. A. HARRIS</i>		<i>27 April 2006</i> <i>352-237-6916</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>													



01302006 No Chg-P CR2E034 (11/05)