

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90001 046 ***150.00

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	
2. Principal Place of Business - No P.O. Box HOLIDAY INN EXPRESS OF P.C.		3. Mailing Address HOLIDAY INN EXPRESS OF P.C.	
Suite, Apt. #, etc. 2102 N. PARK ROAD		Suite, Apt. #, etc. 2102 N. PARK ROAD	
City & State Plant City, Florida		City & State Plant City, Florida	
Zip 33566		Country Hillsborough	
6. Name and Address of Current Registered Agent C. A. HARRIS % CAMELOT CHATEAU 1831 SE LAKE WEIR AVENUE OCALA, FL 34471		7. Name and Address of New Registered Agent HARRIS, CHARLES A. % HOLIDAY INN EXPRESS OF P.C. 2102 N. PARK ROAD City Plant City FL 33566	
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 resigning) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD HARRIS, CHARLES A III 1831 SE LAKE WEIR AVENUE OCALA, FL 34471 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HARRIS, CHARLES A. III 2102 N. PARK ROAD PLANT CITY, FL 33566 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HARRIS, CHARLES A 1831 SE LAKE WEIR AVENUE OCALA, FL 34471 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HARRIS, CHARLES A 2102 N. PARK ROAD PLANT CITY, FL 33566 ☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 addition, with all other the empowered.			
SIGNATURE: C. A. HARRIS		5 MAR 2007 (352) 237-6916	
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		Date Daytime Phone #	