


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90074 013 \*\*\*150.00

**DOCUMENT # P96000041652**

1. Entity Name  
**REGIONAL PROPERTY MANAGEMENT, INC.**



Principal Place of Business  
**5511 HANSEL AVE  
 ORLANDO, FL 32809**

Mailing Address  
**5511 HANSEL AVE  
 ORLANDO, FL 32809**

**50031188**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03232005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**59-3385705**

Applied For  
 Not Applicable

Zip Country

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

**6. Name and Address of Current Registered Agent**

**HOOKER, AMY  
 5511 HANSEL AVE  
 ORLANDO, FL 32809**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ 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 \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	STD	<input type="checkbox"/> Delete
NAME	HOOKER, DOUGLAS P	
STREET ADDRESS	5511 HANSEL AVE	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOOKER, J D	
STREET ADDRESS	5511 HANSEL AVE	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D Beaulieu, Amy D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5511 Hansel Ave	
STREET ADDRESS	Orlando, FL 32809	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Daryl P. Hooker* **3/23/05** **407-851-1519**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #