

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000079067

1. Entity Name  
FEDERAL RESORT PROPERTIES, INC.



**FILED  
Jan 22, 2008 8:00 am  
Secretary of State**

01-22-2008 90056 039 \*\*\*150.00

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01142008 Chg-P CR2E034 (12/06)

Principal Place of Business  
2300 SOUTH DOCK ST.  
PALMETTO, FL 34221

Mailing Address

2. Principal Place of Business - No P.O. Box #  
**2300 SOUTH DOCK ST.**

3. Mailing Address  
**2300 SOUTH DOCK ST.**

Suite, Apt. #, etc.

**STE 105**

Suite, Apt. #, etc.

**STE 105**

City & State

**PAIMETTO, FL**

City & State

**PAIMETTO, FL**

Zip

**34221**

Country

**U.S**

Zip

**34221**

Country

**U.S**

4. FEI Number

**65-0700080**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

RIGGS, STANLEY A  
2300 SOUTH DOCK ST  
PALMETTO, FL 34221

Name **STANLEY A. RIGGS**

Street Address (P.O. Box Number is Not Acceptable)

**2300 SOUTH DOCK ST., STE 105**

City **PAIMETTO**

FL

Zip Code **34221**

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)

1-17-08

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**  Delete  
NAME RIGGS, STANLEY A  
STREET ADDRESS 2300 SOUTH DOCK ST.  
CITY-ST-ZIP PALMETTO, FL 34221

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  Change  Addition  
NAME STANLEY A. RIGGS  
STREET ADDRESS 2300 SOUTH DOCK ST., STE 105  
CITY-ST-ZIP PAIMETTO, FL 34221

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-08

Date

Daytime Phone #