
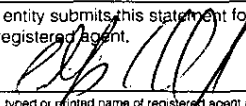
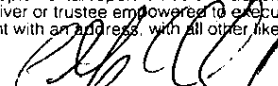


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90239 030 ***150.00

DOCUMENT # P96000083387 1. Entity Name WEKIVA POINT PROPERTIES, INC.					
Principal Place of Business 505 WEKIVA SPRINGS RD. 800 LONGWOOD, FL 32779 US			Mailing Address 505 WEKIVA SPRINGS RD. 800 LONGWOOD, FL 32779 US		
2. Principal Place of Business 320 W. Sabal Palm Place Suite, Apt. #, etc. Suite 300		3. Mailing Address 320 W. Sabal Palm Place Suite, Apt. #, etc. Suite 300			
City & State Longwood, FL		City & State Longwood, FL			
Zip 32779	Country	Zip 32779	Country	4. FEI Number 59-3498740	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KEIDAISH, PHILIP F JR, PA 505 WEKIVA SPRINGS RD. STE. 800 LONGWOOD, FL 32779				7. Name and Address of New Registered Agent Name Keidaish, Philip F. Jr., PA Street Address (P.O. Box Number is Not Acceptable) 320 W. Sabal Palm Place, #300 City Longwood	
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 4/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D JURGENS, J. A. 505 WEKIVA SPRINGS RD STE 800 LONGWOOD, FL 32779 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jurgens, J. A. 505 Wekiva Springs Rd., Suite 500 Longwood, FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEIDAISH, PHILIP F JR. 505 WEKIVA SPRINGS RD., STE. 800 LONGWOOD, FL 32779 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Keidaish, Philip F. Jr. 320 W. Sabal Palm Place, #300 Longwood, FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DATE 4/26/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					