2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000005896

1. Entity Name
STENNIS PROPERTIES, INC.

FILED
05 APR 26 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
975 BENNETT DRIVE 205 ORLANDO, FL 32814	975 BENNETT DRIVE 205 ORLANDO, FL 32814

04132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
4767 New Broad Street		4767 New Broad Street	
Suite, Apt. #, etc.: Baldwin Park		Suite, Apt. #, etc.: Baldwin Park	
City & State: Orlando, Florida		City & State: Orlando, Florida	
Zip: 32814	Country: USA	Zip: 32814	Country: USA

4. FEI Number: 59-3425287 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WRIGHT, MICHAEL E 975 BENNETT DRIVE 205 ORLANDO, FL 32814	Name: Wright, Michael Street Address (P.O. Box Number is Not Acceptable): 4767 New Broad Street Baldwin Park City: Orlando FL Zip Code: 32814

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) DATE: 4/15/05

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, MICHAEL E 975 BENNETT DRIVE ORLANDO, FL 32814 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wright, Michael E 4767 New Broad Street Baldwin Park Orlando, Florida 32814 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300052082253 04/26/05--01022--014 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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: ________ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/15/05 Daytime Phone #