

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2006 8:00 am
Secretary of State

04-27-2006 90177 012 ***150.00

DOCUMENT # P97000028947

1. Entity Name
SOPHIA'S CHOICE PROPERTIES, INC.



Principal Place of Business
**2331 SHERBROOKE ROAD
WINTER PARK, FL 32792**

Mailing Address
**2331 SHERBROOKE ROAD
WINTER PARK, FL 32792**

66017587



03222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3430460

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LA FRANCE, NANCY D
2331 SHERBROOKE ROAD
WINTER PARK, FL 32792**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	LA FRANCE, NANCY D
STREET ADDRESS	2331 SHERBROOKE ROAD
CITY - ST - ZIP	WINTER PARK, FL 32792
TITLE	D
NAME	LA FRANCE, NANCY D
STREET ADDRESS	2331 SHERBROOKE ROAD
CITY - ST - ZIP	WINTER PARK, FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #