## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 14, 2005 08:00 AM Secretary of State DOCUMENT # P97000033900 1. Entity Name C.Q. PORT RICHEY PROPERTY, INC. Principal Place of Business Mailing Address 9205 COMMERCIAL WAY 9205 COMMERCIAL WAY WEEKI WACHEE, FL 34613 WEEKI WACHEE, FL 34613 US No Chg-P 01262005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3443034 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CERAOLO, CARMEL A 9205 COMMERCIAL WAY WEEKI WACHEE, FL 34613 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 renstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CERAOLO, CARMEL A NAME STREET ADDRESS 9205 COMMERCIAL WAY CITY-ST-ZIP WEEKI WACHEE, FL 34613 TITLE U00000305378 QUINN, JOHN H NAME P.O. BOX 941539 N/A 04/14/05-80082-009 150.OD STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 327941539 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)( ), 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and 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 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. 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report is the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report is the corporation of the corporation or trustee empowered to execute this report is the corporation of the corporation of the corporation or trustee empowered to execute this report is the corporation of the cor

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