2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attach

SIGNATURE:

Apr 12, 2005 8:00 am Secretary of State DOCUMENT # P97000108225 1. Entity Name 04-12-2005 90123 035 ***150.00 VERSAILLES PROPERTIES, INC. Principal Place of Business Mailing Address 19863 VINTAGE TRACE CIR. FT. MYERS FL 33912 19863 VINTAGE TRACE CIR. FT. MYERS FL 33912 2. Principal Place of Business CR2E034 (10/04) City & State 4. FEI Number Applied For 65-0812086 OR Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLEMAN, CARL J Street Address (P.O. Box Number is Not Acceptable) 2201 SECOND ST. 5TH FLR. FT. MYERS FL 33901 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE ☐ Defete TITLE HARDY, ELLEN NAME 6212 PRINCIPIA DRIVE, UNIT B STREET ADDRESS 19863 VINTAGE TRACE CIR. STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33912 CITY-ST-ZIP DILE ☐ Delete TITLE NAME HARDY, JOHN N<u>am</u>e STREET ADDRESS 19863 VINTAGE TRACE CIR. STREET ADDRESS FT, MYERS FL 33912 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE PERRY, ROBERT J NAME STREET ADDRESS 19863 VINTAGE TRACE CIR. STREET ADDRES CITY-ST-ZIP FT. MYERS FL 33912 CITY-ST-ZIP Addition ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED