2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000006422

1. Entity Name
HEMBREE INVESTMENT PROPERTIES, INC.

Principal Place of Business	Mailing Address
1335 SECOND STREET	P.O. BOX 2007
SARASOTA, FL 34236 US	SARASOTA, FL 34230

DO NOT WRITE IN THIS SPACE

04062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3490943	Not Applicable

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

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6. Name and Address of Current Registered Agent

HEMBREE, JOE R
1335 SECOND STREET
SARASOTA, FL 34236

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 reinstating)   DATE

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	U00000294718 04/08/05--60081-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEMBREE, JOE R
STREET ADDRESS	1509 FLOWER DR
CITY-ST-ZIP	SARASOTA, FL 34239

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _Joe R. Hembree_   President   4-6-05   941-951-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #