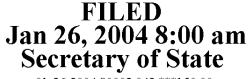
2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P98000034238 1. Entity Name PALMBAY CENTER @ AIPO, INC. Principal Place of Business Mailing Address



01-26-2004 90002 042 ***150.00

\$8.75 Additional

Fee Required





STE 1540 ORLANDO, FL 32801 255 SOUTH ORANGE AVENUE STE 1540

ORLANDO, FL 32801



NO NOT WRITE IN THIS CRACE	01072004	No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE	4. FEI Numbe	r	Applied For
	50 2662	1120	Not Applica

6. Name and Address of Current Registered Agent

WHIDDON, FLOYD JR 255 SOUTH ORANGE AVENUE **SUITE 1540** ORLANDO, FL 32801

SIGNATURE:

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

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						
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.		ing 🔲	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHIDDON, FLOYD 1513 INDIAN DANCE CT MAITLAND, FL 32751					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUL, AUBREY M 1659 SUNTERRA DRIVE DELRAY BEACH, FL 33484					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOYLE, ELIAM T 3104 LAKEPOINTE TRAIL BATTLEBORO, NC 27809		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D . DAVIDSON, ROBERT O 1281 OAK GROVE DRIVE DECATUR, GA 30033			IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						
12. I hereby certify that the information supplied with this filing floes 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 tribs 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 typer like exprowered.						

2004 FOR PROFIT CORPORATION ANNUAL REPORT

JA Jach me ~ t Jach passouso34238 5-4000413 DOCUMENT # P98000034238 PALMBAY CENTER @ AIPO, INC. Principal Place of Business Mailing Address 255 SOUTH ORANGE AVENUE 255 SOUTH ORANGE AVENUE STE 1540 STF 1540 ORLANDO, FL 32801 ORLANDO, FL 32801 01072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3663138 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHIDDON, FLOYD JR DO NOT WRITE 255 SOUTH ORANGE AVENUE **SUITE 1540** IN THIS SPACE ORLANDO, FL 32801 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE and work works WHIDDON, FLOYD NAME 1513 INDIAN DANCE CT STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 TITLE STRUL, AUBREY M NAME SENTERRA 1659 SUNTERRA DRIVE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 TITE F 4303 OAK LEVEL RD. NAME HOYLE, ELIAM T STREET ADDRESS 3104 LAKEPOINTE TRAIL ROCKY MOUNT, NC DO NOT WRITE BATTLEBORO, NC 27809 CITY-ST-ZIP TITLE IN THIS SPACE DAVIDSON, ROBERT O KAME STREET ADDRESS 1281 OAK GROVE DRIVE DECATUR, GA 30033 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADORESS CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and changed, or on an SIGNATURE: ER OR DIRECTOR



Suite 1540, Orlando, Florida 32801 * Tele: 407-649-4700, Fax: 407-649-3082

TO:

Division of Corporations P.O. Box 6198 Tallahassee, FL 32314

Phone:

Fax:

E-Mail:

Date: Saturday

Encl: 2004 for Profit Corporation Annual Report

Page:

Re: Palmbay Center @ AIPO, Inc. FROM:

Floyd Whiddon Jr.

255 South Orange Ave.

Suite 1540

Orlando, Florida 32801

Phone: 407-649-4700

407-649-8082

E-Mail: floyd@sunequities.com

File: PBC-2004 Annual Report – address chgs-2004-01-20 Ms. Marilyn Whiddon, Palmbay Center @ AIPO, Inc.

To Whom It May Concern:

Attached is a copy of the Palmbay Center @ AIPO, Inc. report (document no. P98000034238). This copy has address changes that need to be done. We did not want to write on the original report, due to the "DO NOT WRITE IN THE SPACE".

Thanks, Floyd