

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000049034 1. Entity Name COLLEGE PROPERTIES, INC.	
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Principal Place of Business 310 COLLEGE DR. ORANGE PARK, FL 32065	Mailing Address 310 COLLEGE DR. ORANGE PARK, FL 32065
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DO NOT WRITE IN THIS SPACE



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3515474	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MAY, SHARON L
310 COLLEGE DR.
ORANGE PARK, FL 32065

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

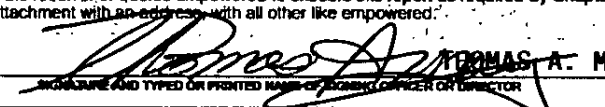
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAY, THOMAS A 5591 DIANTHUS ST. GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, KEITH R 2741 NAVAJO RD. ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAY, SHARON L 5591 DIANTHUS ST. GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/04/08-800005-020 150.00

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:  **THOMAS A. MAY** **02/18/08** **904-272-4808**
SIGNATURE AND TYPED OR PRINTED NAME OF AGENT, OFFICER OR DIRECTOR Date Daytime Phone #