
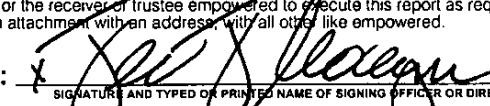


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90028 042 ***150.00

DOCUMENT # P98000059416 1. Entity Name 2700 PROPERTIES, INC.						
Principal Place of Business 2699 MUSKEGAN WAY WEST PALM BEACH, FL 33411				Mailing Address 2699 MUSKEGAN WAY WEST PALM BEACH, FL 33411		
2. Principal Place of Business 11436 Big Canoe		3. Mailing Address 11436 Big Canoe				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State Big Canoe, GA		City & State Big Canoe, GA		4. FEI Number 65-0857230		
Zip 32128		Country		Applied For Not Applicable		
5. Certificate of Status Desired- <input type="checkbox"/>		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent CRAFT, DAVID W 3418 POINSETTIA AVENUE WEST PALM BEACH, FL 33407			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOGAN, JAMES J 2699 MUSKEGAN WAY WEST PALM BEACH, FL 33411		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Coogan, James J. 11436 Big Canoe Big Canoe, GA 32128	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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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: 			Date: 1/25/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone: 561 801 5104			