2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000065775

1. Entity Name
CRUZAN PROPERTIES, INC.

Principal Place of Business	Mailing Address
576 SUMMERWOOD DRIVE CLERMONT, FL 34711	576 SUMMERWOOD DRIVE CLERMONT, FL 34711

DO NOT WRITE IN THIS SPACE

04052004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3526054	Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, LORI W ESQUIRE
315 E. ROBINSON STREET, SUITE 600
ORLANDO, FL 32801

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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 _____ DATE
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 **After May 1, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	DPV
NAME	SMITH, PHILLIP S
STREET ADDRESS	576 SUMMERWOOD DRIVE
CITY-ST-ZIP	CLERMONT, FL 34711

TITLE	DST
NAME	SMITH, LORI W
STREET ADDRESS	576 SUMMERWOOD DRIVE
CITY-ST-ZIP	CLERMONT, FL 34711

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04/08/04-80016-024 150.00

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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: _Phillip S Smith, pres_   Phillip S Smith   4/5/04   352-787-4241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #