

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000101726

FILED  
Jan 19, 2005  
Secretary of State

**Entity Name:** COBBLESTONE PROPERTIES OF NORTHEAST FLA., INC.

**Current Principal Place of Business:**

13015 LOBLOLLY LANE  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

13015 LOBLOLLY LANE  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

**FEI Number:** 59-3566888

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHLATTER, RENEE W  
13015 LOBLOLLY LANE  
JACKSONVILLE, FL 32246 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: SCHLATTER, RENEE E  
Address: 13015 LOBLOLLY LANE  
City-St-Zip: JACKSONVILLE, FL 32246

Title: VPD ( ) Delete  
Name: SCHLATTER, ROBERT G  
Address: 13015 LOBLOLLY LANE  
City-St-Zip: JACKSONVILLE, FL 32246

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: C ( ) Change (X) Addition  
Name: BAKER, STEPHANIE C  
Address: 104 FIELD CREST CT  
City-St-Zip: HENDERSONVILLE, FL 37075 US

Title: O ( ) Change (X) Addition  
Name: CAVIN, JOHN J  
Address: 13015 LOBLOLLY LN S.  
City-St-Zip: JACKSONVILLE, FL 32246 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** RENEE W. SCHLATTER

PSD

01/19/2005

Electronic Signature of Signing Officer or Director

Date