



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90212 031 ***150.00

DOCUMENT # S06282 1. Entity Name MCINTYRE APARTMENTS, INC.					
Principal Place of Business 1999 N.E. LIVINGSTON ST. ARCADIA, FL 34266 US			Mailing Address 1999 N.E. LIVINGSTON ST. ARCADIA, FL 34266 US		
2. Principal Place of Business 105 SOUTH BREVARD AVENUE Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 789 Suite, Apt. #, etc.			
City & State ARCADIA, FL		City & State ARCADIA, FL		03292005 Chg-P CR2E034 (10/03)	
Zip 34266		Country USA		4. FEI Number 65-0229538	
Zip 34265		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, FLETCHER 124 N BREVARD AVE ARCADIA, FL 34266				7. Name and Address of New Registered Agent Name WALDRON, E.E., JR. Street Address (P.O. Box Number is Not Acceptable) 124 NORTH BREVARD AVENUE ARCADIA, FL 34266 City FL Zip Code	
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DP TURNER, EUGENE H. SR PO BOX 789, 105 S. BREVARD ARCADIA, FL 34265	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST TURNER, PHILIP W 1999 N.E. LIVINGSTON ST. ARCADIA, FL 34266	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST QUAVE, TOMMY L. 3394 SE BROWN ROAD ARCADIA, FL 34266 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MERCER, CARY M. 4644 SE BROWN ROAD ARCADIA, FL 34266 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Eugene H. Turner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/26/05 (863) 494-4777 <small>Date Daytime Phone #</small>		
EUGENE H. TURNER, SR., PRESIDENT					