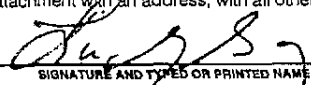


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # S28441 1. Entity Name GOETZ PROPERTIES, INC.			
Principal Place of Business 5400 E MICHIGAN ST ORLANDO, FL 32812		Mailing Address 5400 E MICHIGAN ST ORLANDO, FL 32812	
DO NOT WRITE IN THIS SPACE			
		4. FEI Number 59-3050986	
		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 GOETZ, LUDWIG JR 5400 E MICHIGAN ST ORLANDO, FL 32812		DO NOT WRITE 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 reinstating) DATE _____			
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		DO NOT WRITE IN THIS SPACE 000000197803 01/27/05-80027-015 150.00	
TITLE	PD		
NAME	GOETZ, LUDWIG, JR.		
STREET ADDRESS	5400 E. MICHIGAN		
CITY-ST-ZIP	ORLANDO, FL		
TITLE	VM		
NAME	GOETZ, GEOFF, T		
STREET ADDRESS	5400 E. MICHIGAN		
CITY-ST-ZIP	ORLANDO, FL 32792		
TITLE	S		
NAME	GOETZ, CHET		
STREET ADDRESS	5400 E. MICHIGAN		
CITY-ST-ZIP	ORLANDO, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		Date <u>1/24/05</u> Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			