2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2005 8:00 am Secretary of State 02-07-2005 90058 033 ***150.00

1. Entity Nam	MEN 1 # 535786 ITH PROPERTIES, INC.				
Principal Plac SUITE 1300 360 CENTRA ST. PETERSB		Mailing Address SUITE 1300 360 CENTRAL AVENUE ST. PETERSBURG, FL 33	1701		
Suite 1220		3. Mailing Address Suite 1220 Suite, Apt. #, etc. 360 Central Ave		01172005 Chg-P CR2E034 (10/03)	
Suite Apt. # etc. 360 Central Ave					
	etersburg,FL	St Petersbur	-	4. FEI Number Applied For 59-3068366 Not Applied be	
^{Zip} 3370			Country Pinellas	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
	KATHLEEN A		Ctroat Addres	one (D.O. Brushlambar in Not Accordable)	
SUITE 1880 1220 360 CENTRAL AVE STE 1880 1220 ST. PETERSBURG, FL 33701		Street Addre	ess (P.O. Box Number is Not Acceptable)		
SI. FEIE	N3BUNG, PL 33701		City	FL Zip Code	-
		or the purpose of changing its re	egistered office or reg	pistered agent, or both, in the State of Florida. I am familiar with, and accept	1
the obligat	lions of registered agent.				
SIGNATURE_	Signature, typed or printed name of registered agent	and rule if applicable (NOTE: I	Registered Agent signature re	quired when reinstating) DATE	
· .					1
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campaig Trust Fund Contrib	· -	\$5.00 May Be Added to Fees	
After Ma	ay 1, 2005 Fee will be \$550. OFFICERS AND	OO Trust Fund Contrib	oution. 11.	Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
After Ma	ay 1, 2005 Fee will be \$550. OFFICERS AND DPT	OO Trust Fund Contrib	oution.	Added to Fees	
After Ma	ay 1, 2005 Fee will be \$550. OFFICERS AND	Trust Fund Contrib DIRECTORS Delete SITY VILLAGE #1604	11.	Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
10. TITLE NAME STREET ADDRESS	OFFICERS AND OFFICERS AND DPT GALBRAITH, JOHN W 500 CRESTWOOD DR UNIVERS CHARLOTTESVILLE, VA 22903	Trust Fund Contrib DIRECTORS Delete SITY VILLAGE #1604	T1. TITLE NAME STREET ADDRESS CITY-ST-ZIP TIBLE	Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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