



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90026 006 ***150.00

DOCUMENT # S83222 1. Entity Name PIEDMONT PROPERTIES INCORPORATED			
Principal Place of Business 4001 GULF SHORES BLVD N. SUITE 200 NAPLES FL 34103-3424		Mailing Address 4001 GULF SHORES BLVD N. SUITE 200 NAPLES FL 34103-3424	
2. Principal Place of Business 114 TOWNSEND ST Suite, Apt. #, etc. c/o JANE L. ANDREWS City & State PEPPERELL, MA Zip 01463 Country USA		3. Mailing Address 114 TOWNSEND ST Suite, Apt. #, etc. c/o JANE L. ANDREWS City & State PEPPERELL, MA Zip 01463 Country USA	
4. FEI Number 65-0319661		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEIN, WILLIAM E. SR. 4001 GULF SHORES BLVD SUITE 200 NAPLES FL 34103-3424		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		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 P <input type="checkbox"/> Delete NAME KLIEN, WILLIAM E JR. STREET ADDRESS 4001 GULF SHORE BLVD CITY-ST-ZIP NAPLES FL 34103	TITLE VP <input type="checkbox"/> Delete NAME JANE L. Andrews STREET ADDRESS 114 TOWNSEND ST CITY-ST-ZIP PEPPERELL MA 01463	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Jane L. Andrews Jane L. Andrews, V.P. 3-14-05 978 433 0596			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	