


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90206 013 ***150.00

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|---|--|--|---|---|--|
| DOCUMENT # V22216 1. Entity Name BILL STOELTZING PROPERTIES, INC. | | | |  | |
| Principal Place of Business 606 W. KENNEDY BLVD TAMPA, FL 33606 | | Mailing Address 606 W. KENNEDY BLVD TAMPA, FL 33606 | | | |
| 2. Principal Place of Business P.O. Box 4978 Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 4978 Suite, Apt. #, etc. | | | |
| City & State ORLANDO FL Zip 32802 Country | | City & State ORLANDO FL Zip 32802 Country | | 4. FEI Number 59-3121004 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 04192005 Chg-P CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent PARIDO, CECILLE 606 W. KENNEDY BLVD TAMPA, FL 33606 | | | 7. Name and Address of New Registered Agent Name MARK A. HALL Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVE, 772 FL City ORLANDO FL Zip Code 32801 | | |
| 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 <u>By: Mark Hall</u> vice President of SunTrust Bank 4/19/05 <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 <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 | PST PARIDO, CECILLE 606 W KENNEDY BLVD TAMPA, FL 33606 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT MARK A. HALL 200 S. ORANGE AVE, 772 FL ORLANDO FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PARIDO, CECILLE 606 WEST KENNEDY BLVD. TAMPA, FL 33606 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY MARK A. HALL SAME AS ABOVE <input checked="" 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 | TREASURER MARK A. HALL SAME AS ABOVE <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 | |
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| 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>By: Mark Hall</u> vice President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4/19/05 407 237 5197 <small>Date Daytime Phone #</small> | | |