

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000029810 1. Entity Name TFP PROPERTIES, INC.					
Principal Place of Business 5011 GATE PARKWAY SUITE 150 JACKSONVILLE, FL 32256			Mailing Address 5011 GATE PARKWAY SUITE 150 JACKSONVILLE, FL 32256		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03302004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-3637767	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HOWARD, G. ALAN 50 NORTH LAURA STREET SUITE 2750 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D PETWAY, THOMAS F IV 5011 GATE PARKWAY SUITE 150 JACKSONVILLE, FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U00000104434 04/06/04-80010-016 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PETWAY, THOMAS III 5011 GATE PARKWAY SUITE 150 JACKSONVILLE, FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DAY, MONICA 5011 GATE PARKWAY SUITE 150 JACKSONVILLE, FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officers and directors empowered.					
SIGNATURE: _____			Date: 4-1-04 Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					