2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000059626

1. Entity Name

ABRACADABRA PROPERTY SERVICES, INC.

Principal Place of Business
POST OFFICE BOX 720726
ORLANDO FL 32872-0726

Mailing Address
POST OFFICE BOX 720726
ORLANDO FL 32872-0726

MOORE CR2E034 (11/03)

2. Principal Place of Business
Suite, Apt #, etc
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip | Country

4. FEI Number 59-3653581 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LANIER, MARCIA E
4840 EDMEE CIRCLE
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

N/A

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.

N/A

SIGNATURE Marcia Lanier Marcia Lanier Owner 2/2/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
D	SMITH, JOHN J JR.	POST OFFICE BOX 720726 N/A	ORLANDO FL 32872-0726	☐ Delete
D	LANIER, MARCIA E	POST OFFICE BOX 720726 N/A	ORLANDO FL 32872-0726	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	U00000038403 02/06/04-80054-020 150.00			☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ 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)(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: Marcia Lanier Marcia Lanier 2/2/04 (407) 482-1818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #