

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90035 034 \*\*\*150.00

**DOCUMENT # P96000060542**

1. Entity Name  
**HAROCOPOS PROPERTIES, INC.**



Principal Place of Business  
**2502 BAY BLVD.  
INDIAN ROCKS BEACH, FL 33785 US**

Mailing Address  
**420 20TH AVENUE  
INDIAN ROCKS BEACH, FL 34635**

**66409489**



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3394697**

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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

*[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

TITLE	V
NAME	SMITH, PETER
STREET ADDRESS	2036 20 TH AVE PKWY
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785

TITLE	SD
NAME	HAROCOPOS, FRANCISCA
STREET ADDRESS	514 20TH AVENUE
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 34635

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3. 25. 04**

Date

Daytime Phone #