

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90079 031 ***150.00

DOCUMENT # F02000003056

1. Entity Name

AMERICAN PROPERTY RESOURCES CORPORATION



Principal Place of Business

31 WEST MILL ROAD
FLOURTOWN PA 19031

Mailing Address

PO BOX 301
FLOURTOWN PA 19031

2. Principal Place of Business

18302 Highwoods Preserve
Suite 114
PKWY
Tampa, Florida
33647 U.S.A.

3. Mailing Address

18302 Highwoods Preserve
Suite 114
PKWY
Tampa, Florida
33647 U.S.A.



MOORE

CR2E034 (11/03)

4. FEI Number 23-1880531

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOVATT, JEFF M ESQ
821 FIFTH AVE. SOUTH, STE. 201
NAPLES FL 34102

7. Name and Address of New Registered Agent

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

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, 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	CP COHEN, ROBERT M 3401 TAMIAMI TRAIL NORTH, STE. 207 NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CHANG, JASON 23710 WALDEN CENTER DR., #210 BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DONLEVY, MICHAEL 3401 TAMIAMI TRAIL NORTH, STE. 207 NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP Cohen, Robert M. 18302 Highwoods Preserve PKWY Ste 114 Tampa, FL 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Donlevy, Michael 18302 Highwoods Preserve PKWY Ste 114 Tampa, FL 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Robert M. Cohen

1/24/04 813-978-1933

Date

Daytime Phone #