2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90321 035 ***150.00

DOCUMENT # P02000081719

1. Entity Name
FLORIDA PROPERTY RESOURCES CORPORATION

Principal Place of Business	Mailing Address
3401 TAMIAMI TRAIL NORTH SUITE 207 NAPLES, FL 34103	3401 TAMIAMI TRAIL NORTH SUITE 207 NAPLES, FL 34103

04162004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
18302 Highwoods Preserve Parkway	**18302 Highwoods Preserve Parkway**
Suite, Apt. #, etc. **Suite 114**	Suite, Apt. #, etc. **Suite 114**
City & State **Tampa, Florida**	City & State **Tampa, Florida**
Zip / Country **33647** / **USA**	Zip / Country **33647** / **USA**

4. FEI Number
03-0477217
☐ 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
821 FIFTH AVENUE SOUTH
SUITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PCD PICCIANO, JOHN 3401 TAMIAMI TRAIL NORTH SUITE 207 NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition **18302 Highwoods Preserve Parkway Suite 114** **Tampa, Florida 33647**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDEV O'SHEA, JAMES 3401 TAMIAMI TRAIL NORTH, SUITE 207 NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition **18302 Highwoods Preserve Parkway Suite 114** **Tampa, Florida 33647**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DONLEVY, MICHAEL 3401 TAMIAMI TRAIL NORTH SUITE 207 NAPLES, FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition **18302 Highwoods Preserve Parkway Suite 114** **Tampa, Florida 33647**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: _____ **John Picciano, President** **04/30/04** **813-978-1933**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #