

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-05-2004 90063 022 ***150.00

DOCUMENT # 438315

1. Entity Name
PROPERTY SERVICES OF FLORIDA, INC.



Principal Place of Business
**191 S.W. MONTEREY ROAD
STUART, FL 34990 US**

Mailing Address
**P.O. BOX 1768
PALM CITY, FL 34991-6768 US**

2. Principal Place of Business
50 S.E. KINDRED ST.

3. Mailing Address

Suite, Apt. #, etc.
#301

Suite, Apt. #, etc.

City & State
STUART, FL

City & State

Zip
34994

Country
USA

Zip

Country

01212004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1490883

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARBREE, RAY
191 S.W. MONTEREY ROAD
STUART, FL 34990**

Name

Street Address (P.O. Box Number is Not Acceptable)
50 S.E. KINDRED ST.

#301

City
STUART

FL

Zip Code
34994

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**

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
**PTD
STAKE, ROGER D.
405 N US HWY 1 NO. 107
NORTH PALM BEACH, FL 33408** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ARBREE, RAY
18862 LOBLOLLY PINE CT.
JUPITER, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #