

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90024 026 ***150.00

DOCUMENT # 439321

1. Entity Name

FIESTA PROPERTIES, INC.



Principal Place of Business

1889 OAK PARK DR. N.
CLEARWATER FL 33764
US

Mailing Address

1889 OAK PARK DR. N.
CLEARWATER FL 33764
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1547400

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

MCBRIDE, HAROLD L
1889 OAK PARK DR. N.
CLEARWATER FL 33764

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 SD ☐ Delete
NAME MCBRIDE, HAROLD
STREET ADDRESS 1889 OAK PARK NORTH
CITY-ST-ZIP CLEARWATER FL

TITLE STD ☐ Delete
NAME MCBRIDE, GUINEVERA
STREET ADDRESS 1889 OAK PARK DR N
CITY-ST-ZIP CLEARWATER FL 33764

TITLE D ☐ Delete
NAME MCBRIDE, STEVE
STREET ADDRESS 1889 OAK PARK DR
CITY-ST-ZIP CLEARWATER FL 33764

TITLE D ☐ Delete
NAME WELCH, MONTE
STREET ADDRESS 1005 FOX HUNT DR
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D ☐ Delete
NAME WILSON, JOY
STREET ADDRESS 1440 ROBERTA LANE
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 #