# 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 | Mailing Address |
|---|---|
| 31 WEST MILL ROAD<br>FLOURTOWN PA 19031 | PO BOX 301<br>FLOURTOWN PA 19031 |

MOORE CR2E034 (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 18302 Highwoods Preserve PKWY | 18302 Highwoods Preserve PKwy. |
| Suite, Apt. #, etc. Suite 114 | Suite, Apt. #, etc. Suite 114 |
| City & State Tampa, FLorida | City & State Tampa, Florida |
| Zip 33647 Country U.S.A. | Zip 33647 Country U.S.A. |

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 _____ DATE 1
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**
**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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CP<br>COHEN, ROBERT M<br>3401 TAMIAMI TRAIL NORTH, STE. 207<br>NAPLES FL 34103 | ☐ Delete | CP<br>Cohen, Robert M.<br>18302 Highwoods Preserve PKwy Ste 114<br>Tampa, FL 33647 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVS<br>CHANG, JASON<br>23710 WALDEN CENTER DR., #210<br>BONITA SPRINGS FL 34134 | ☑ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>DONLEVY, MICHAEL<br>3401 TAMIAMI TRAIL NORTH, STE. 207<br>NAPLES FL 34103 | ☐ Delete | DT<br>Donlevy, Michael<br>18302 Highwoods Preserve PKwy. Ste 114<br>Tampa, FL 33647 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ 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:** M M CP 1/26/04 813-978-1933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT M. COHEN