

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90030 003 ***150.00

DOCUMENT # F07000001920

1. Entity Name
PROPEER RESOURCES, INC



Principal Place of Business
**2391 S. 1560 WEST
WOODS CROSS, UT 84087**

Mailing Address
**PO BOX 1148
BOUNTIFUL, UT 84011-1148**

50000374

2. Principal Place of Business - No P.O. Box #
1065 N Hwy 89

3. Mailing Address
no change

Suite, Apt. #, etc.
Suite 202

Suite, Apt. #, etc.

01072008 Chg-P CR2E034 (12/06)

City & State
North Salt Lake, UT

City & State

4. FEI Number
87-0580022

Applied For
Not Applicable

Zip
84054

Country
USA

Zip

Country

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

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, 2008 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
**CP
LYNCH, RICHARD J.
2391 S. 1560 WEST
WOODS CROSS, UT 84087** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
Lynch, Richard J
1065 N Hwy 89, Ste 202
North Salt Lake, UT 84054** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
LYNCH, BRENDA
2391 S. 1560 WEST
WOODS CROSS, UT 84087** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
Lynch, Brenda
1065 N Hwy 89, Ste 202
North Salt Lake, UT 84054** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/17/2008
Date

800-292-3051
Daytime Phone #