

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90187 009 ***150.00

DOCUMENT # F98000002961

1. Entity Name

INTEGRAS PROPERTY MANAGEMENT, INC.



Principal Place of Business

190 LIGHTKEEPERS DR
PORT ST JOE FL 32456

Mailing Address

190 LIGHTKEEPERS DR
PORT ST JOE FL 32456

2. Principal Place of Business

3. Mailing Address

INTEGRAS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3015 JEFFERSON ST.

STE. C

City & State

City & State

MARIANNA FL

Zip

Country

Zip

Country

32446

USA



MOORE

CR2E034 (11/03)

4. FEI Number 63-1192531

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

WILLIAMS, WILLIAM C III
8668 HWY 98
PORT ST JOE FL 32456

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete
NAME WILLIAMS, WILLIAM C III
STREET ADDRESS 8668 HWY 98
CITY-ST-ZIP PORT ST JOE FL 32456

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

TITLE VPT ☒ Delete
NAME MCCREARY, ALBERT R
STREET ADDRESS 511 EAST PARK AVE
CITY-ST-ZIP ENTERPRISE AL 36330

TITLE VPT ☐ Change ☒ Addition
NAME CHANCEY BELSER
STREET ADDRESS 1424 STATE PARK RD
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 #

Chancey Belser

CHANCEY BELSER

4-24-04

850 526 3067