

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90558 048 ***150.00

DOCUMENT # G25410

1. Entity Name
SPANISH MAIN PROPERTIES, INC.



Principal Place of Business
3801 BEE RIDGE RD., STE. 12
SARASOTA, FL 34233

Mailing Address
3801 BEE RIDGE RD., STE. 12
SARASOTA, FL 34233

94065103

2. Principal Place of Business
7111 - 142nd Ave. North

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202004

Chg-P

CR2E034 (10/03)

City & State
Largo, FL

City & State

4. FEI Number

59-2276258

Applied For

Not Applicable

Zip Country
33711 Pinellas

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

TURNER, JAMES L.
1550 RINGLING BLVD.
SARASOTA, FL 33577

Name
Jim Turner @ Williams Parker

Street Address (P.O. Box Number is Not Acceptable)
200 South Orange Ave.

City Sarasota FL Zip Code 34236

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

4/21/04

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 PD ☐ Delete
NAME NEWBY, MARTIN
STREET ADDRESS 3801 BEE RIDGE ROAD, #12
CITY-ST-ZIP SARASOTA, FL

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

TITLE SD ☐ Delete
NAME BERMAN, MANDELL L
STREET ADDRESS 29100 N'WESTERN HWY #370
CITY-ST-ZIP SOUTHFIELD, MI

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

TITLE TD ☐ Delete
NAME KENDALL, HERBERT J.
STREET ADDRESS 2327 LA MESA DRIVE
CITY-ST-ZIP SANTA MONICA, CA

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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

4-22-04 (941)
923-1456
Date Daytime Phone #