

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 11, 2004 08:00 AM
Secretary of State**

DOCUMENT # J72903

1. Entity Name
CIRCLE C PROPERTY, INC.



Principal Place of Business

**2560 BARNETT PLAZA
101 E KENNEDY BLVD.
TAMPA, FL 33602**

Mailing Address

**PO BOX 1102
TAMPA, FL 33601-1102**



02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3000162** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, JOSEPH
2560 BARNETT PLAZA
101 E KENNEDY BLVD.
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

**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

U000000084834
03/11/04-00023-019 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GARCIA, JOSEPH
101 E KENNEDY BLVD.
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BURNETT, E.P.
901 S. NEWPORT AVENUE
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Joseph Garcia, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/08/04 813-222-8505

Date

Daytime Phone #