FILED Feb 26, 2008 8:00 am Secretary of State

Daytime Phone #

ANNUAL REPORT	ATIO	r
DOCUMENT # K99199	1	Ι,

1. Entity Nam JEFLIS P	ROPERTY MANAGEMENT	CORPORATION				02-26-2008	90002 036 ***150	0.00
Principal Place	e of Business	Mailing Address			40000	0 • •		
13540 N. FL	ORIDA AVE	%MICHELLE D. KOSTER	_		4000-	-		
#201 TAMPA, FL 3	33613 · US	13540 FLORIDA AVE 20 Tampa, Fl 33613	1			 	 \$101 6101 \$101 6101 6101 617	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	 					
Suite, Apt.		Suite, Apt. #, etc.			02132008	Chg-P	CR2E034 (12/06)	
City & State	е	City & State			4. FEI Number 65-0136	727	 	pplied For ot Applicable
Zip	Country	Zip	Country	····	5. Certificate of	Status Desired	S8.75 Ad	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	Registered Agent	
KOOTED	MOUELLED	•	Name	Κo	stev-1	Tichet	ن (آدے)	
	MICHÉLLE D RNHAM WAY		Street A	_	P.O. Cox Number		*Th 1	<i>i</i>
TAMPA, FL			14	900	rcana	eleda	De Hu	<u>va</u>
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•	<u>(</u>				pa		FL Zing Sig	613
8. The above	named entity submits this statement to logs of registered again.	the purpose of changing its re	egistered office or	register	ed agent, or both,	in the State of Flo	orida. I am familiar with	, and accept
the obligati	ions or legislered again.	No X						
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signal	re required	d when reinstating)		DATE	
	E NOW!!! FEE 18 \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaig Trust Fund Contrib			.00 May Be led to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	FICERS AND DIRECTOR	RS IN 11
TITLE	D	☐ Detete	TITLE	D		1 11 -	Change	Addition
NAME STREET ADDRESS	KOSTER, MICHELLE D 14812 FARNHAM WAY		NAME STREET ADDRESS	Los		helle.	De Avi	·/ _
CITY+ST+ZIP	TAMPA, FL		CITY-ST-ZIP	169	208'Can	FL	33613	'ca
TITLE	Р	☐ Delete	TITLE	P	22,110	1	Change	Addition
NAME	KOSTER, HAROLD R		NAME	Ko s	ter, H	arold	la De Avi	1
STREET ADDRESS City-St-Zip	14812 FARNHAM WAY TAMPA, FL		STREET ADDRESS CITY-ST-ZIP	160	108 100	nedelea	1613	
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TITLE		Delete	TITLE				☐ Change	Addition
NAME			NAME					_
STREET ADDRESS			STREET ADDRESS				•	ļ.
CITY-\$T-ZIP	<u> </u>		CITY-ST-ZIP					
12. I hereby of indicated of the correctanged,	certify that the hitormation supplied with on this report or supplemental report is poration or the ecouver or trustee emp , or on an attachment with an address	this filing does not qualify for strue and faccurate and that my pwened to execute this report a with all other like empowered.	the exemptions of signature shall his required by Cha	ontained ave the apter 607	d in Chapter 119, same legal effect 7, Florida Statutes	Florida Statutes. I as if made under and that my nam	I further certify that the oath; that I am an office the appears in Block 10 o	information or or director or Block 11 if