


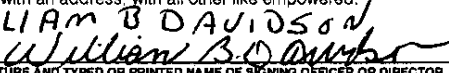


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90167 017 ***150.00

DOCUMENT # L46813 1. Entity Name COMPROPS, INC.					
Principal Place of Business 3102 EUCLID AVE. TAMPA, FL 33629 US			Mailing Address 1611 W PLATT ST TAMPA, FL 33606 US		
2. Principal Place of Business 502 N. ARMENIA AVE. Suite, Apt. #, etc.		3. Mailing Address 502 N. ARMENIA AVE Suite, Apt. #, etc.			
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 59-3063918	
Zip 33609		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOEHLER, KEITH W CPA 1611 W PLATT ST TAMPA, FL 33606				7. Name and Address of New Registered Agent Name KEITH W. KOEHLER Street Koehler & Company, P.A. 502 North Armenia Avenue City Tampa, FL 33609 Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent. SIGNATURE  4/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D DAVIDSON, W. B. 3102 EUCLID AVE. TAMPA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: WILLIAM B DAVIDSON  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			Date 22 April 2005 Daytime Phone # 813 8326277		