

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90012 026 ***150.00

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1. Entity Name
PROSPERITY PROPERTIES OF NORTH FLORIDA, INC.



Principal Place of Business
**790 N PONCE DE LEON BLVD
ST AUGUSTINE, FL 32084 US**

Mailing Address
**P O BOX 1690
ST AUGUSTINE, FL 32085 US**

24073373



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2910728

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

**CREAMER, EDDIE
790 N PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084**

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**

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 SVS ☐ Delete
NAME PETERSON, RANDALL
STREET ADDRESS 790 N PONCE DE LEON BLVD
CITY - ST - ZIP ST AUGUSTINE, FL

TITLE PD ☐ Delete
NAME CREAMER, EDDIE
STREET ADDRESS 790 N. PONCE DE LEON BLVD.
CITY - ST - ZIP SAINT AUGUSTINE, FL 32084

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE T ☒ Change ☐ Addition
NAME Peterson, Randall
STREET ADDRESS 790 N Ponce De Leon Blvd.
CITY - ST - ZIP Saint Augustine, FL 32084

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

TITLE S ☐ Change ☒ Addition
NAME Reese, Cheryl
STREET ADDRESS 790 N Ponce De Leon Blvd.
CITY - ST - ZIP Saint Augustine, FL 32084

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 #