

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90195 034 \*\*\*150.00

|   |  |  |   |  |                                   |
|---|--|--|---|--|-----------------------------------|
| <b>DOCUMENT # P00000026680</b><br>1. Entity Name<br><b>ARGONIDE PROPERTIES, INC.</b>  |  |  |   |   |                                   |
| Principal Place of Business<br><b>291 POWER COURT<br/>SANFORD, FL 32771</b>   |  |  | Mailing Address<br><b>291 POWER COURT<br/>SANFORD, FL 32771</b> |  |                                   |
| 2. Principal Place of Business  |  | 3. Mailing Address   |   |  |                                   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |  |                                   |
| City & State  |  | City & State   |   |  |                                   |
| Zip   | Country  | Zip  | Country   |  |                                   |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>TEPPER, FREDERICK<br/>291 POWER CT.<br/>SANFORD, FL 32771</b>  |  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |   |  |                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |   |  |                                   |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>    |  |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D<br/>TEPPER, FREDERICK<br/>240 POWER CT., SUITE 108<br/>SANFORD, FL 32771</b> <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP              | <b>President<br/>Frederick Tepper<br/>291 Power Court<br/>Sanford, FL 32771</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                   |
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| 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. |  |  |   |  |                                   |
| <b>SIGNATURE:</b> <i>Frederick Tepper</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | Date <b>4-20-04</b>   |  | Daytime Phone # <b>4073222500</b> |