

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90044 029 ***150.00

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1. Entity Name
TFP PROPERTIES, INC.



Principal Place of Business
5011 GATE PARKWAY
SUITE 150
JACKSONVILLE, FL 32256

Mailing Address
5011 GATE PARKWAY
SUITE 150
JACKSONVILLE, FL 32256

20024722



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3637767

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOWARD, G. ALAN
50 NORTH LAURA STREET
SUITE 2900
JACKSONVILLE, FL 32202

Name Milam Howard Nicandri Dees 3 Gilliam PA.

Street Address (P.O. Box Number is Not Acceptable)

208 N. Laura St. #800

City

Jacksonville

FL

Zip Code

32202

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

G. Alan Howard, President

1.31.06

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CT ☐ Delete
NAME PETWAY, THOMAS F IV
STREET ADDRESS 5011 GATE PARKWAY SUITE 150
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE PS ☐ Delete
NAME PETWAY, THOMAS F III
STREET ADDRESS 5011 GATE PARKWAY SUITE 150
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE V ☐ Delete
NAME DAY, MONICA
STREET ADDRESS 5011 GATE PARKWAY SUITE 150
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 exemptions contained in Chapter 119, 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

2/27/06

Date

904-398-3907

Daytime Phone #