


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000039806</b> 1. Entity Name <b>EXECUTIVE PROPERTY MANAGEMENT GROUP, INC.</b>	
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Principal Place of Business <b>1991 MAIN STREET SUITE 283 SARASOTA, FL 34236</b>	Mailing Address <b>1991 MAIN STREET BOX 183 SARASOTA, FL 34236</b>
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01212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1000709</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**BAND, DAVID S  
240 S. PINEAPPLE AVE., 10TH FLOOR  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000809060 02/09/08-80006-019 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVT BAND, DAVID S 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P BAND, STEVEN C 1991 MAIN STREET, BOX 183 SARASOTA, FL 34236</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS BAND, MYRNA L 240 S. PINEAPPLE AVE., 10TH FL SARASOTA, FL 34236</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 **1/28/08** **941-365-0200**  
Date Daytime Phone #