

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057874

FILED
Apr 30, 2004
Secretary of State

Entity Name: S.M.D. PROPERTY MANAGEMENT, INC.

Current Principal Place of Business:

C/O SUSAN DANIELS
5345 COURTNEY CIR.
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

P O BOX 740283
BOYNTON BEACH, FL 334740283

New Mailing Address:

FEI Number: 65-1000449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIELS, SUSAN MARIE
5345 COURTNEY CIR.
BOYNTON BEACH, FL 33437

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BRUNS, GERARD
Address: 916 SW TAMARROW PLACE
City-St-Zip: STUART, FL 34997

Title: S () Delete
Name: BRUNS, ELIZABETH J
Address: 916 SW TAMARROW PLACE
City-St-Zip: STUART, FL 34997

Title: VP () Delete
Name: DANIELS, MARK
Address: 5345 COURTNEY CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: P () Delete
Name: DANIELS, SUSAN
Address: 5345 COURTNEY CIR.
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN DANIELS

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04/30/2004

Electronic Signature of Signing Officer or Director

Date