

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000073473

1. Entity Name
HOME CHOICE PROPERTY MANAGEMENT, INC.



Principal Place of Business
**1513 W BUSCH BLVD
TAMPA, FL 33612**

Mailing Address
**1513 W BUSCH BLVD
TAMPA, FL 33612**

FILED
Feb 07, 2004 08:00 AM
Secretary of State



02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3674186

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MIZE, ROBERT P
1513 W BUSCH BLVD
TAMPA, FL 33612**

**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

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MIZE, ROBERT 1513 W BUSCH BLVD. TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MIZE, BRYAN 1513 W BUSCH BLVD TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIZE, LORI 1513 W BUSCH BLVD. TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MIZE, KEVIN 1513 W BUSCH BLVD. TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000040723
02/09/04-80059-015 158.75

**DO NOT WRITE
IN THIS SPACE**

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

2/3/04 (83) 983-9393

Date

Daytime Phone #