


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000073473 1. Entity Name HOME CHOICE PROPERTY MANAGEMENT, INC.	
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01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3674186	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MIZE, ROBERT P 1513 W BUSCH BLVD TAMPA, FL 33612	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	

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03/17/05-80062-U12 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:  **LORI MIZE** **4/24/05 813-983-9393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #