

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000100128

1. Entity Name
PROPERTY 101, INC.



Principal Place of Business
901 S. FEDERAL HWY., SUITE 101
FT. LAUDERDALE, FL 33316

Mailing Address
901 S. FEDERAL HWY., SUITE 101
FT. LAUDERDALE, FL 33316



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1124226

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

WILKES, JOHN P
901 S. FEDERAL HWY., SUITE 101
FT. LAUDERDALE, FL 33316

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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 _____ (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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000447275
03/09/06-80046-023 150.00

10. OFFICERS AND DIRECTORS

TITLE DS
NAME JOYNER, WILLIAMS A
STREET ADDRESS 901 S. FEDERAL HWY., SUITE 101
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE DP
NAME WILKES, JOHN P
STREET ADDRESS 901 S. FEDERAL HWY., SUITE 101
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE
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CITY-ST-ZIP

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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

2/22/06 954-467-9200
Date Daytime Phone #