

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91227 006 \*\*\*150.00

**DOCUMENT # P00000109488**

**1. Entity Name**  
**PAPILLON PROPERTIES, INC.**



**Principal Place of Business**

**7550 TRANSOM COURT  
TAMPA, FL 33607**

**Mailing Address**

**7550 TRANSOM COURT  
TAMPA, FL 33607**



04142004 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
**59-3684506**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**APPELL, DALE S  
7550 TRANSOM COURT  
TAMPA, FL 33607**

**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** PD  
**NAME** APPELL, DALE S  
**STREET ADDRESS** 7550 TRANSOM COURT  
**CITY-ST-ZIP** TAMPA, FL 33607

**TITLE**  
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**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

**4/23/04**

Date

**813 286-7952**

Daytime Phone #