

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90033 002 ***150.00

DOCUMENT # P01000022686

1. Entity Name

CANAAN PROPERTIES, INC.



Principal Place of Business

18 INTRACOASTAL WAY
LAKE WORTH FL 33460

Mailing Address

18 INTRACOASTAL WAY
LAKE WORTH FL 33460

2. Principal Place of Business

129 Tumberry Dr.
Suite, Apt. #, etc.

3. Mailing Address

129 Tumberry Dr.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Atlantis, FL

City & State

Atlantis, FL

4. FEI Number

65-1082746

Applied For
Not Applicable

Zip

33462 USA

Zip

33462 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PACE, JONATHAN
18 INTRACOASTAL WAY
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Di Crescenzo Angela
3170 N. Federal Hwy
Suite 103.C
Lighthouse Point FL 33462

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 *Angela Di Crescenzo*

(NOTE: Registered Agent signature required when reinstating)

2/4/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PACE, JONATHAN
STREET ADDRESS 18 INTRACOASTAL WAY
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE D ☐ Delete
NAME CHALKER, FREDERICK E JR.
STREET ADDRESS 137 TUMBERRY DRIVE
CITY-ST-ZIP LAKE WORTH FL 33462

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 129 Tumberry Drive
CITY-ST-ZIP ATLANTIS, FL 33462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Jonathan Pace*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/04
Date

Daytime Phone #