

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057986

FILED  
Jan 18, 2004  
Secretary of State

Entity Name: PROPERTY MANAGEMENT SPECIALIST INC.

## Current Principal Place of Business:

9TH STREET NORTH  
BOX 22429  
ST. PETERSBURG, FL 33742 US

## New Principal Place of Business:

## Current Mailing Address:

9TH STREET NORTH  
BOX 22429  
ST. PETERSBURG, FL 33742 US

## New Mailing Address:

FEI Number: 59-3704927      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BUCKLEY, JAMES M  
13602 2ND AVE NE  
BRADENTON, FL 34202 US

## Name and Address of New Registered Agent:

THAMER, MONA M  
5200 SPRINGWOOD BLVD  
PINELLAS PARK, FL 33782 US

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.

SIGNATURE: MONA THAMER, JD

01/18/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BUCKLEY, JAMES M PRES  
Address: 13602 2ND AVE NE  
City-St-Zip: BRADENTON, FL 34212 US

Title: P ( ) Delete  
Name: HAKKI, SAM  
Address: 504 BOUGH AVE  
City-St-Zip: CLEARWATER, FL 33760

Title: T ( ) Delete  
Name: THAMER, MONA JD  
Address: 504 BOUGH AVE  
City-St-Zip: CLEARWATER, FL 33760

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BUCKLEY, JAMES M D  
Address: 13602 2ND AVE NE  
City-St-Zip: BRADENTON, FL 34212 US

Title: P (X) Change ( ) Addition  
Name: HAKKI, SAM P  
Address: 504 BOUGH AVE  
City-St-Zip: CLEARWATER, FL 33760

Title: T (X) Change ( ) Addition  
Name: THAMER, MONA T  
Address: 504 BOUGH AVE  
City-St-Zip: CLEARWATER, FL 33760

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM HAKKI

P

01/18/2004

Electronic Signature of Signing Officer or Director

Date