2004 FOR PROFIT CORPORATION

Mar 22, 2004 8:00 am Secretary of State **ANNUAL REPORT** 03-22-2004 90067 023 ***150 00 **DOCUMENT # P01000084360** THE P. B.& B PROPERTY MANAGEMENT COMPANY Principal Place of Business Mailing Address 24026278 407 PALO VERDE DR 407 PALO VERDE DR NAPLES, FL 34119 NAPLES, FL 34119 CR2E034 (10/03) 03122004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3735722 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOURNE, RICHARD C DO NOT WRITE 407 PALO VERDE DR **NAPLES, FL 34119** 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PREU, PETER R NAME STREET ADDRESS 566 CORBEL DR CITY-ST-ZIP NAPLES, FL 34110 TITLE BOURNE, RICHARD C NAME 407 PALO VERDE DR STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 TITLE BOURNE, NANCY H NAME 407 PALO VERDE DR STREET ADORESS DO NOT WRITE NAPLES, FL 34119 CITY-ST-ZIP TITLE IN THIS SPACE 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR

FILED