


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-26-2004 90007 006 \*\*\*150.00

**DOCUMENT # P01000092019**  
 1. Entity Name  
**ST. PETE PROPERTY, INC.**



Principal Place of Business      Mailing Address  
**809 SW 12TH AVE.**      **809 SW 12TH AVE.**  
**FORT LAUDERDALE, FL 33312**      **FORT LAUDERDALE, FL 33312**

**54070205**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08182004      Chg-P      CR2E034 (10/03)

4. FEI Number  
**59-3744956**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**GOLUB, WILLIAM R**  
**321 19TH AVENUE SOUTH**  
**ST. PETERSBURG, FL 33705**

**7. Name and Address of New Registered Agent**  
 Name **Paul Edgerly**  
 Street Address (P.O. Box Number is Not Acceptable)  
**809 SW 12TH AVE**  
 City **Ft Lauderdale**      **FL**      Zip Code **33312**

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: *Paul Edgerly*      DATE: **8/26/04**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**  
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EDGERLY, PAUL		NAME	
STREET ADDRESS 809 SOUTH WEST 12TH AVENUE		STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE, FL 33312		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SULLIVAN, JANET H		NAME	
STREET ADDRESS 321 19TH AVENUE SOUTH		STREET ADDRESS	
CITY-ST-ZIP ST-PETERSBURG, FL 33705		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SNOWDEN, NELDA		NAME	
STREET ADDRESS 2724 BRUCE TERRACE		STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD, FL 33020		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Paul Edgerly*      DATE: **8/26/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Attachment  
54070205

August 18, 2004

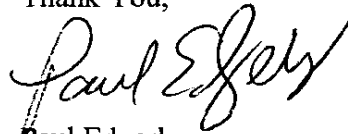
Florida Department of State  
Division of Corporations

Re: St. Pete Property Inc  
P01000092019

I recently received a notice from the Division of Corporation Online that corporation was being administratively dissolved for not filing the annual report. I did not receive the original notice. This letter is to request reinstatement of the above named corporation. A check in the amount of \$ 150.00 is enclosed. I also request that all penalties be waived as the original UBR forms were never received. Your help in this matter is greatly appreciated.

If you have any further questions, please call my Certified Public Accountant and ask to speak to Cindy Hodges. Their number is 954-561-8959.

Thank You,



Paul Edgerly  
President