

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-17-2004 90002 041 ***150.00

DOCUMENT # P01000118015

1. Entity Name
COVENTRY PROPERTIES MANAGEMENT, INC.



Principal Place of Business
**1920 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33409**

Mailing Address
**1920 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33409**

54068551



07212004 No Chg-P CR2E034 (10/03)

4. FEI Number **02-0531706** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JAYROE, NANCY I
1920 PALM BEACH LAKES BLVD
#116
WEST PALM BEACH, FL 33409**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPT**
NAME **JAYROE, NANCY I**
STREET ADDRESS **1920 PALM BEACH LAKES BLVD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE **DVS**
NAME **JAYROE, ROBERT**
STREET ADDRESS **56316 COPPERFIELD DR**
CITY-ST-ZIP **SHELBY TOWNSHIP, MI 48316**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/04 **561-688-7933**
Date Daytime Phone #

Attachment

LEA LIBERMAN, CPA, P.A.

54068551
#P01000118015

August 11, 2004

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

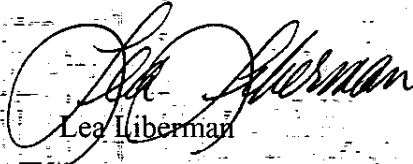
Dear Sir or Madam:

Enclosed please find the 2004 Annual Report for Coventry Properties Management, Inc. and a check in the amount of \$150.00.

The taxpayer did not receive the white and green annual report form this year. They were not aware that postcards had been sent in lieu of the usual form this year. They did not realize the annual report fee had not been paid until your notice of intent to dissolve was received. The company has always paid the fee timely and we respectfully request that you please abate the penalties.

Thank you for your prompt attention to this matter.

Sincerely,


Lea Liberman