
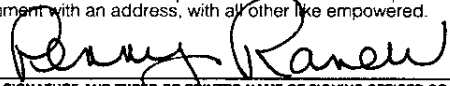


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90028 041 ***150.00

DOCUMENT # P02000038444 1. Entity Name NAUTILUS PROPERTIES INC.					
Principal Place of Business 2074 RAYMOND DEIL RD TALLAHASSEE FL 32308				Mailing Address 2074 RAYMOND DEIL RD TALLAHASSEE FL 32308	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WEST, ROY D 6105 QUAIL VALLEY RD. TALLAHASSEE FL 32309				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD		<input type="checkbox"/> Delete		
NAME	HAHN, PHILLIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	5269 QUAIL VALLEY RD.				
CITY-ST-ZIP	TALLAHASSEE FL 32309				
TITLE	VD		<input type="checkbox"/> Delete		
NAME	WYNN, JOSEPH P		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	2930 HUNTINGTON DR.				
CITY-ST-ZIP	TALLAHASSEE FL 32312				
TITLE	SD		<input type="checkbox"/> Delete		
NAME	WEST, ROY D		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	6105 QUAIL VALLEY RD.				
CITY-ST-ZIP	TALLAHASSEE FL 32309				
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			3/10/04 850-224-7526 <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					