2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P02000048448 06-21-2005 90003 033 ***150.00 1. Entity Name AUTHORIZED PROPERTY, INC. Principal Place of Business Mailing Address 1908 W. BUSCH BLVD. 1908 W. BUSCH BLVD. TAMPA, FL 33612 TAMPA, FL 33612 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 05122005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 81-0555106 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRYBUS, RONALD H Street Address (P.O. Box Number is Not Acceptable) 1505 NORTH FLORIDA AVENUE TAMPA, FL 33602 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete ☐ Change ☐ Addition TITLE NAME CHAMBERS, MACK 1908 W BUSCH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33612 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP_ TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of 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 treatge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

with all other like empowered.

changed, or on an attachment with an address

SIGNATURE:

FILED Jun 21, 2005 8:00 am

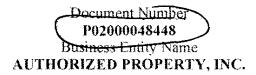


ATTACHMENT

Division of Corporations



Annual Report



FEI Number		810555106		
FEI Number Status		C Applied For C	Not Applicable	e 🦲 Current
Certificate of Status Desired		C Yes 6 No \$	8.75 each	
Election Campaign Financing	Trust Fund Contril	bution C Yes 6 No		
	***************************************	lace of Business	·	
Address	1908 W. BI	JSCH BLVD.		
Suite, Apt. #. et	c.			
City, State	TAMPA	79	FL	
Zip Code & Co	untry 33612			
	200000000000000000000000000000000000000	ng Address		
Address	1908 W. BU	JSCH BLVD.	****	
Suite. Apt. #, et	с.			
City. State	TAMPA	,	FL	
Zip Code & Co	untry 33612			
		ss of Registered Age		
Name (Last, First, Middle, Titl	e) TRYBUS	RONALD	<u>[</u>]H	
-or- RA Business Name				
Address	1505 NORTH	FLORIDA AVENUE		
Suite, Apt. #, etc.				
City, State	TAMPA	, FL		
Zip Code & Country	33602	US		
If there is a change in r in the 'Registered Ay registered agent. RA sig entity, an individual mu	gent Signature' gnature must be ist sign on their	block below to accept an individual name. It	the designatified the RA is a	ion of business
Registered Agent	Signature T		Military and the second state of the second st	
	•	"sioning" this document ele	ertumically ar	he
1 1105 SD/DROHU (HUST DU 112)	corona manyiqidi	STREETING OUR GOVERNMENT OR		() L.

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.