

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90321 035 \*\*\*150.00

**DOCUMENT # P02000081719**

1. Entity Name  
**FLORIDA PROPERTY RESOURCES CORPORATION**



Principal Place of Business  
**3401 TAMiami TRAIL NORTH  
SUITE 207  
NAPLES, FL 34103**

Mailing Address  
**3401 TAMiami TRAIL NORTH  
SUITE 207  
NAPLES, FL 34103**

2. Principal Place of Business  
**18302 Highwoods Preserve Parkway**

3. Mailing Address  
**18302 Highwoods Preserve Parkway**

Suite, Apt. #, etc.  
**Suite 114**

Suite, Apt. #, etc.  
**Suite 114**

City & State  
**Tampa, Florida**

City & State  
**Tampa, Florida**

Zip Country  
**33647 USA**

Zip Country  
**33647 USA**

04162004 Chg-P CR2E034 (10/03)

4. FEI Number  
**03-0477217**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOVATT, JEFF M  
821 FIFTH AVENUE SOUTH  
SUITE 201  
NAPLES, FL 34102**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD ☐ Delete  
NAME PICCIANO, JOHN  
STREET ADDRESS 3401 TAMiami TRAIL NORTH SUITE 207  
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 18302 Highwoods Preserve Parkway Suite 114  
CITY-ST-ZIP Tampa, Florida 33647

TITLE SDEV ☐ Delete  
NAME O'SHEA, JAMES  
STREET ADDRESS 3401 TAMiami TRAIL NORTH, SUITE 207  
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 18302 Highwoods Preserve Parkway Suite 114  
CITY-ST-ZIP Tampa, Florida 33647

TITLE TD ☐ Delete  
NAME DONLEVY, MICHAEL  
STREET ADDRESS 3401 TAMiami TRAIL NORTH SUITE 207  
CITY-ST-ZIP NAPLES, FL 34102

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 18302 Highwoods Preserve Parkway Suite 114  
CITY-ST-ZIP Tampa, Florida 33647

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: \_\_\_\_\_

**John Picciano, President**

**04/30/04**

**813-978-1933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #