


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000084174
 1. Entity Name
 PROPERTY RESOLUTIONS, INC.



Principal Place of Business 8408 OAKHURST ROAD SEMINOLE, FL 33776	Mailing Address 8408 OAKHURST ROAD SEMINOLE, FL 33776
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DO NOT WRITE IN THIS SPACE



02222005 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0794201	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, GARY M
 8408 OAKHURST ROAD
 SEMINOLE, FL 33776

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT MILLER, GARY M 8408 OAKHURST ROAD SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS PARISH, PATRICIA 4029 ARROWOOD CT PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 (2728715-80127-02) 150.00

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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: Gary M Miller GARY M MILLER 2/25/05 727-422-8721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #