2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 29 PM 1:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000098318

1. Entity Name
BLACKHORSE PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2695 N. MILITARY TRAIL, STE. 22 WEST PALM BEACH, FL 33409	2695 N. MILITARY TRAIL, STE. 22 WEST PALM BEACH, FL 33409

04192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3951 N. Haverhill Rd	3951 N. Haverhill Rd
Suite, Apt. #, etc. SUITE 218	Suite, Apt. #, etc. SUITE 218
City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33417 Country Palm Bch	Zip 33417 Country Palm Bch

4. FEI Number
04-3714431
☐ 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
ROSE, VICKI A 12966 HAMPTON LAKES CIRCLE BOYNTON BEACH, FL 33436	Name Street Address (P.O. Box Number is Not Acceptable) 500035553515 05/06/04--01007--023 **150.00 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 Vicki Ann Rose 4-18-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROSE, VICKI A 12966 HAMPTON LAKES CIRCLE BOYNTON BEACH, FL 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP POTTS, GARY E 12771 SW 68 STREET NORTH WEST PALM BEACH, FL 33412	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. POTTS, GARY E. 3951 N. HAVERHILL RD #218 WEST PALM BEACH, FL 33417 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HALL, PENNY 4935 LAME PANTHER LANE LOXAHATCHEE, FL 33470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Vicki Ann Rose 4-18-04 561-317-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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