

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90030 050 ***158.75

DOCUMENT # P02000117575
 1. Entity Name
DEPOT PROPERTIES, INC.

Principal Place of Business 19012 1ST ST SW LUTZ, FL 33548	Mailing Address 19012 1ST ST SW LUTZ, FL 33548
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01302004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3881430	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COTTERILL, RONALD
 C/O KASS, SHYLER, AGLAGNAN, STAB *Shuler, Solomon*
 TAMPA, FL 33602
1505 N FLORIDA Ave
Tampa, FL 33612

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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LONG, JEROLD E 19012 1ST ST SW LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HENTSCHEL, GREGOR E 19012 1ST ST. S.W. LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCEFIELD, DAYNE R 19012 1ST ST. S.W. LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, STEVEN M 19012 ST. SW LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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 *Jerold E. Long* **Jerold E. Long** *2/4/04 813-948-1023*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #