

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90019 035 \*\*\*150.00

<b>DOCUMENT # P02000129890</b> 1. Entity Name <b>ELITE PROPERTY SOLUTIONS, INC.</b>					
Principal Place of Business <b>5239 EMORY DRIVE ZEPHYRHILLS, FL 33544</b>				Mailing Address <b>P.O. BOX 7681 ZEPHYRHILLS, FL 33544</b>	
2. Principal Place of Business <b>34704 WRIGHT LN</b>		3. Mailing Address <b>SAATE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>P.O. Box 7681</b>			
City & State <b>ZEPHYRHILLS FL</b>		City & State <b>Wesley Chapel FL</b>			
Zip <b>33544</b>	Country <b>USA</b>	Zip <b>33544</b>	Country <b>USA</b>		
4. FEI Number <b>71-0917093</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>SHORT, PAUL R 7522 NORTH 40TH STREET TAMPA, FL 33604</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD JOHNSON, BRIAN P 5239 EMORY DRIVE WESLEY CHAPEL, FL 33543</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> 			<b>1/15/04 813-598-3669</b> Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					