

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-09-2004 90030 025 ****50.00
04-26-2004 90417 036 ***100.00

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02172004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000133973

1. Entity Name
LDS PROPERTY MANAGEMENT, INC.



Principal Place of Business
**% SANDIP J. PATEL, P.A.
3105 WEST WATERS AVENUE, SUITE 315
TAMPA, FL 33614**

Mailing Address
**% SANDIP J. PATEL, P.A.
3105 WEST WATERS AVENUE, SUITE 315
TAMPA, FL 33614**

2. Principal Place of Business
7822 Francine Drive

3. Mailing Address
7822 Francine Drive

Suite, Apt. #, etc.

City & State
New Port Richey, FL

City & State
New Port Richey, FL

Zip
34653-1100 Country **USA** Zip
34653-1100 Country **USA**

4. FEI Number **68-0534352** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**PATEL, SANDIP J. ESQ.
3105 WEST WATERS AVENUE
SUITE 315
TAMPA, FL 33614**

7. Name and Address of New Registered Agent
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 re-registering)

**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	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Michael Stewart **4/1/04** **727-848-4047**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone