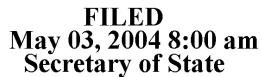
2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P03000000882



1. Entity Name MAPLE STREET PROPERTY MANAGEMENT, INC.						05-03-2004 90443 010 ***155.00				
Principal Plac	e of Business	N	1							
			1230 S MYRTLE AVE STE 101 Clearwater, FL 33756							
2. Principal Place of Business 3			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04272004	Chg-P	CR2E0	34 (10/03)		
City & State			City & State		4. FEI Number	37433	82		oplied For ot Applicable	
Zip	Zip Country		Zip	Country		f Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent					7. Name and	Address of New F	Registered /	Agent		
DIOKINOO				Name						
DICKINSON, ROBERT C III 1230 S MYRTLE AVE STE 101 CLEARWATER, FL 33756				Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
										
				City			FL	Zip Code	8	
	named entity submits this ions of registered agent.	s statement for the	purpose of changing its	registered office or regis	stered agent, or both	, in the State of Fl	orida. I am	amiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of	f registered agent and titl	e if applicable. (NOTE	: Registered Agent signature req	uired when reinstating)	· •••	DATE			
FIL After Ma	E NOW!!! FEE IS \$ by 1, 2004 Fee will	150.00 be \$550.00	9. Election Campai Trust Fund Contr		\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11.	ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE	PD 3		☐ Delete	TITLE				Change	Addition	
NAME	FLEMING, REUGENE JR			NAME						
STREET ADORESS CITY-ST-ZIP	S 1230 S MYRTLE AVE STE 101 CLEARWATER, FL 33756			STREET ADDRESS CITY-ST-ZIP		'			- 1	
	STD									
TITLE Name	GREEN, SARA E		☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADORESS				STREET ADDRESS						
CITY-ST-ZIP	CLEARWATER, FL	33756		CITY-ST-ZIP					1	
TITLE NAME			□ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS	na jamena jen			STREET ADDRESS						
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	
NAME				NAME						
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE NAME			☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS				NAME STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP					İ	
TITLE		··· · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE				Change	Addition	
NAME				NAME						
STREET ADORESS				STREET ADDRESS					-	
CITY-ST-ZIP				CITY-ST-ZIP						
12, i hereby of indicated	certify that the information on this report or supplem	supplied with this ental report is true	nung does not qualify for and accurate and that m	the exemption stated in by signature shall have t	i Section 119.07(3)(i) he same legal effect	, Florida Statutes. as if made under	I further cer	tify that the in	nformation 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: