


604 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90019 021 ***158.75

DOCUMENT # P03000005869


1. Entity Name
CONDO SALES & PROPERTY MANAGEMENT, INC.



Principal Place of Business Mailing Address
993 SMOKERISE BLVD. **993 SMOKERISE BLVD.**
PORT ORANGE FL 32127 **PORT ORANGE FL 32127**

2. Principal Place of Business 3. Mailing Address
3162 S Atlantic **3162 S Atlantic Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
B **B**

City & State City & State
Daytona Beach Shores FL **Daytona Beach Shores FL**
 Zip Country Zip Country
32118 **Volusia** **32118** **Volusia**



MOORE CR2E034 (11/03)

4. FEI Number Applied For
65-1169892 Not Applicable

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

6. Name and Address of Current Registered Agent
VAN HOUTEN, MICHAEL A
114 SOUTH PALMETTO AVE.
DAYTONA BCH FL 32114

7. Name and Address of New Registered Agent
 Name: **Penny Norfolk**
 Street Address (P.O. Box Number is Not Acceptable): **3162 S Atlantic Ave**
 City: **Daytona Beach Shores FL** Zip Code: **32118**

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: **Penny Norfolk** Title: **President** DATE: **2/6/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	NORFOLK, PENNY	993 SMOKERISE BLVD.	PORT ORANGE FL 32127	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: **Penny Norfolk** Title: **President** DATE: **2/6/04** Daytime Phone #: **756-7660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR