

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/3/21

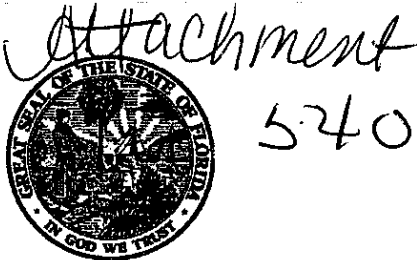
**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91059 015 \*\*\*150.00  
09-10-2004 90002 020 \*\*\*400.00

<b>DOCUMENT # P03000016862</b> 1. Entity Name <b>ADVANCED PROPERTY MANAGEMENT, INC.</b>					
Principal Place of Business <b>6528 CENTRAL AVE., STE. B ST. PETERSBURG FL 33707</b>			Mailing Address <b>6528 CENTRAL AVE., STE. B ST. PETERSBURG FL 33707</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>51-0468918</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
5. Name and Address of Current Registered Agent  <b>CARNAL, GARY A 6528 CENTRAL AVE., STE. B ST. PETERSBURG FL 33707</b>			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; font-size: small;"> <b>FILE NOW! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div>           9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HEIDENREICH, HENRY</b> <b>6528 CENTRAL AVE., STE. B</b> <b>ST. PETERSBURG FL 33707</b>		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			4/30/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



MOORE CR2E034 (11/03)



54072331

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

May 14, 2004

ADVANCED PROPERTY MANAGEMENT, INC.  
6528 CENTRAL AVE., STE. B  
ST. PETERSBURG, FL 33707

Subject: **ADVANCED PROPERTY MANAGEMENT, INC.**

Reference Number: **P03000016862**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JG

ANNUAL REPORTS SECTION

Attachment  
54072331

Advanced Property Management, Inc.  
P.O. Box 66507  
St. Pete Beach, Fl. 33736  
813-345-5505

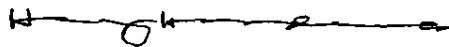
September 3, 2004

Re: Corporation #P03000016862

Dear Division of Corporations:

I received the notice of not filling in the blank for the FEI number from my registered agent, and somehow the paperwork was misplaced, so that it was not sent back within 30 days. I'm sorry for the delay. I have enclosed a check for \$400.00 in order comply with the notice. If you are able to process it without the fee please forward the check back to the above address. Thank you for your help.

Sincerely,



Henry Heidenreich  
Advanced Property Management, Inc.

DIV. OF CORPORATIONS  
409 E.  
GAINES ST  
TALLAHASSEE FL  
32399