2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004
Secretary of State

DOCUMENT# P03000026894

Entity Name: NEW START PROPERTY MANAGEMENT COMPANY

Current Principal Place of Business:

3221 FIDDLERS HAMMOCK LN
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

404 NORTH 4TH STREET
SUITE # 1
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

3221 FIDDLERS HAMMOCK LN
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

P. O. BOX 3494
PONTE VEDRA BEACH, FL 32004

FEI Number: 41-2083759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLY, KENNETH A
421 E CENTRAL AVE #1202
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: TOMPKINS, ROGER B
Address: 8200 SHADE TREE LN
City-St-Zip: JACKSONVILLE, FL 32256

Title: DVC ( ) Delete
Name: KELLY, KENNETH A
Address: 421 E CENTRAL BLVD #1202
City-St-Zip: ORLANDO, FL 32801

Title: DP ( ) Delete
Name: MEADE, DOUGLAS
Address: 3221 FIDDLERS HAMMOCK LN
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DS ( ) Delete
Name: TOMPKINS, CAROL K
Address: 8220 SHADE TREE LN
City-St-Zip: JACKSONVILLE, FL 32256

Title: DT ( ) Delete
Name: MEADE, KIMBERLY K
Address: 3221 FIDDLERS HAMMOCK LN
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS MEADE DP 05/03/2004
Electronic Signature of Signing Officer or Director Date