

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000026894

1. Entity Name
NEW START PROPERTY MANAGEMENT COMPANY



Principal Place of Business
**404 NORTH 4TH STREET
SUITE # 1
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**P. O. BOX 3494
PONTE VEDRA BEACH, FL 32004**



02162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2083759

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000240272
02/23/05-80024-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	TOMPKINS, ROGER B
STREET ADDRESS	8200 SHADE TREE LN
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	DVC
NAME	KELLY, KENNETH A
STREET ADDRESS	421 E CENTRAL BLVD #1202
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	DP
NAME	MEADE, DOUGLAS
STREET ADDRESS	3221 FIDDLERS HAMMOCK LN
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	DS
NAME	TOMPKINS, CAROL K
STREET ADDRESS	8220 SHADE TREE LN
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	DT
NAME	MEADE, KIMBERLY K
STREET ADDRESS	3221 FIDDLERS HAMMOCK LN
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/05

Date

904-382-1084

Daytime Phone #