

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90437 040 ***150.00

DOCUMENT # P03000039254

1. Entity Name

PROPERTY FINDERS INC.



Principal Place of Business

P.O. BOX 19435
WEST PALM BEACH FL 33416

Mailing Address

P.O. BOX 19435
WEST PALM BEACH FL 33416

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

200128279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HULCOLM, LLOYD
1035 SALMON ISLE
WEST PALM BEACH FL 33413

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME HULCOLM, LLOYD W
STREET ADDRESS 1035 SALMON ISLE
CITY-ST-ZIP WEST PALM BEACH FL 33413

TITLE D ☒ Delete
NAME COGLE, MAURICE
STREET ADDRESS 227 OLD MEADOW WAY
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D ☒ Delete
NAME JOSEPH, JOSOENER
STREET ADDRESS 13837 SHEFFIELD STREET
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☒ Delete
NAME HULCOLM, UREL
STREET ADDRESS 1035 SALMON ISLE
CITY-ST-ZIP WEST PALM BEACH FL 33413

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/04

Date

561 582 1472

Daytime Phone #