


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90026 028 \*\*\*150.00

<b>DOCUMENT # P03000043034</b> 1. Entity Name <b>DOLPHIN PROPERTY MANAGEMENT, INC.</b>																											
Principal Place of Business <b>1104 N. COLLIER BLVD. MARCO ISLAND, FL 34145</b>		Mailing Address <b>1104 N. COLLIER BLVD. MARCO ISLAND, FL 34145</b>																									
2. Principal Place of Business <b>841 ELM CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 567</b> Suite, Apt. #, etc.																									
City & State <b>MARCO ISLAND, FL</b> Zip <b>34145</b>		City & State <b>MARCO ISLAND, FL</b> Zip <b>34146</b>																									
4. FEI Number <b>06-1691076</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>GREUSEL, JAMIE B 1104 N. COLLIER BLVD. MARCO ISLAND, FL 34145</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Ramona Broad</i></u> <b>RAMONA BROAD</b> <b>4-20-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>GREUSEL, JAMIE B</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1104 N. COLLIER BLVD.</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>MARCO ISLAND, FL 34145</b></td> <td></td> </tr> </table>		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	<b>GREUSEL, JAMIE B</b>		STREET ADDRESS	<b>1104 N. COLLIER BLVD.</b>		CITY-ST-ZIP	<b>MARCO ISLAND, FL 34145</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PRESIDENT</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>RAMONA BROAD</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>PO BOX 567</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>MARCO ISLAND, FL 34146</b></td> <td></td> </tr> </table>		TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	<b>RAMONA BROAD</b>		STREET ADDRESS	<b>PO BOX 567</b>		CITY-ST-ZIP	<b>MARCO ISLAND, FL 34146</b>	
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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: <u><i>Ramona Broad</i></u> <b>RAMONA BROAD</b> <b>4-20-04</b> <b>642-5253</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											