

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-26-2004 90009 010 ***158.75

DOCUMENT # P03000052933

1. Entity Name
MF PROPERTY MANAGEMENT, INC.



Principal Place of Business

PO BOX 720768
ORLANDO, FL 32872 US

Mailing Address

PO BOX 720768
ORLANDO, FL 32872 US

44049891



2. Principal Place of Business

3412 PRIMROSE WAY
PALM HARBOR
FLORIDA
34683 PINELLAS

3. Mailing Address

3412 PRIMROSE WAY
PALM HARBOR
FLORIDA
34683 PINELLAS

07122004 Chg-P CR2E034 (10/03)

City & State

FLORIDA

City & State

FLORIDA

4. FEI Number

57-1167487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARNEIRO, MARIA E
2444 ISLAND CLUB WAY
ORLANDO, FL 32822

3412 PRIMROSE WAY
PALM HARBOR
FL 34683

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P, D <input checked="" type="checkbox"/> Delete
NAME	CARNEIRO, MARIA E
STREET ADDRESS	PO BOX 720768 3412 PRIMROSE WAY
CITY-ST-ZIP	ORLANDO, FL 32872 PALM HARBOR FL 34683
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	CARNEIRO, MARIA E
STREET ADDRESS	PO BOX 720768
CITY-ST-ZIP	ORLANDO, FL 32872
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	CARNEIRO, FELIPE D
STREET ADDRESS	PO BOX 720768
CITY-ST-ZIP	ORLANDO, FL 32872
TITLE	D, S <input checked="" type="checkbox"/> Delete
NAME	CARNEIRO, FELIPE D
STREET ADDRESS	PO BOX 720768
CITY-ST-ZIP	ORLANDO, FL 32872
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CARNEIRO, MARIA E <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3412 PRIMROSE WAY
STREET ADDRESS	PALM HARBOR
CITY-ST-ZIP	
TITLE	3412 PRIMROSE WAY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALM HARBOR
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	3412 PRIMROSE WAY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALM HARBOR
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	CARNEIRO, FELIPE D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3412 PRIMROSE WAY
STREET ADDRESS	PALM HARBOR FL 34683
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/04

Date

727-773-2629

Daytime Phone #