

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-22-2004 90039 012 \*\*\*150.00

**DOCUMENT # P03000060244**

1. Entity Name

**FLORIDA FINESSE - PROPERTY & HOME MANAGEMENT, INC.**



Principal Place of Business

**1588 FOREST HILLS LANE  
HAINES CITY FL 33844**

Mailing Address

**C/O SCOTT C. ROBERTS, ESQ.  
37 NORTH ORANGE AVENUE, SUITE 200  
ORLANDO FL 32801**

**34020989**



MOORE CR2E034 (11/03)

2. Principal Place of Business

**1009 OAK POND DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**1009 OAK POND DRIVE**

Suite, Apt. #, etc.

City & State

**CELEBRATION, FLORIDA**

Zip  
**34747**

Country  
**USA**

City & State

**CELEBRATION, FLORIDA**

Zip  
**34747**

Country  
**USA**

4. FEI Number

**74-3099879**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, SCOTT C ESQ.  
37 NORTH ORANGE AVENUE  
200  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **PETER O'BRIEN**

Street Address (P.O. Box Number is Not Acceptable)

**1009 OAK POND DRIVE**

City **CELEBRATION**

FL

Zip Code  
**34747**

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 **PETER O'BRIEN VICE PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

**3/15/04**

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

TITLE **VP** ☒ Delete  
NAME **O'BRIEN, PETER**  
STREET ADDRESS **C/O 37 NORTH ORANGE AVENUE, SUITE 200**  
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition  
NAME **O'BRIEN, PETER**  
STREET ADDRESS **1009 OAK POND DRIVE**  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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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: **PETER O'BRIEN VICEPRESIDENT 3/15/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #