

2004. FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-26-2004 90015 041 ***150.00

| | | | |
|--|--|---|---|
| DOCUMENT # P03000070886 1. Entity Name FIVE FROGS' PROPERTY MANAGEMENT, INC. | | | |
| Principal Place of Business 1830 NEWFOUND HOABOR DRIVE MERRITT ISLAND FL 32952 | | Mailing Address 1830 NEWFOUND HOABOR DRIVE MERRITT ISLAND FL 32952 | |
| 2. Principal Place of Business 3438 Frontier Avenue Suite, Apt. #, etc. | | 3. Mailing Address 3438 Frontier Ave Suite, Apt. #, etc. | |
| City & State Lake Worth FL | | City & State Lake Worth, FL | |
| Zip 33467 | | Zip 33467 | |
| Country | | Country | |
| 6. Name and Address of Current Registered Agent MICHAELS, SEAN 1830 NEWFOUND HOABOR DRIVE MERRITT ISLAND FL 32952 | | 7. Name and Address of New Registered Agent Name Sean Michaels Street Address (P.O. Box Number is Not Acceptable) 3438 Frontier Avenue City Lake Worth FL Zip Code 33467 | |
| 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 <small>Signature of registered agent and title if applicable.</small> | | DATE 2/23/04 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COEP MICHAELS, SEAN P.O. BOX 560175 RODKLEDGE FL 32956-0175 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Correction |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MICHAELS, SEAN P.O. BOX 560175 RODKLEDGE FL 32956-0175 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Correction |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MICHAELS, DONNA M P.O. BOX 560175 RODKLEDGE FL 32956-0175 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition Correction |
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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: | | Date 2/23/04 Daytime Phone # 321 453 7691 | |