2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084382

Name: PRINCIPLE PROPERTY MANAGEMENT INC

FILED Jan 14, 2004 Secretary of State

Entity Nar	ME: PRINCIPLE PROPERTY MANAGEME	ENT, INC.				
Current P	rincipal Place of Business:	New Prin	New Principal Place of Business:			
	. HWY 19 N. ATER, FL 33764					
Current M	lailing Address:	New Mail	New Mailing Address:			
	. HWY 19 N. ATER, FL 33764					
FEI Number:	: FEI Number Applied For ()	FEI Number Not App	olicable (X)	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and	d Address o	f New Registered Agent:		
	EA . HWY 19 N.; ATER, FL 33764	20162 U.S	LEE, IN SEA 20162 U.S. HWY 19 N. CLEARWATER, FL 33764			
	named entity submits this statement for the e of Florida.	e purpose of changing	its registered	d office or registered agent, or	both,	
SIGNATURE:			01/14/2004			
Election Car	Electronic Signature of Registered Ampaign Financing Trust Fund Contribution ().	gent		Date		
OFFICERS AND DIRECTORS:		ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () Delete LEE, IN SEA 20162 U.S. HWY 19 N. CLEARWATER, FL 33764	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D LEE, HYEOI 20162 U.S. I CLEARWAT			
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D LEE, JINA S 20162 U.S. I CLEARWAT			
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D LEE, JOHN 20162 U.S. I CLEARWAT			
Title: Name: Address:	() Delete	Title: Name: Address:	D HECKMAN, 20162 U.S.			

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: CLEARWATER, FL 33764

SIGNATURE: CHARLES D. HECKMAN D 01/14/2004

City-St-Zip: