

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90029 029 ***150.00

DOCUMENT # P03000087162

1. Entity Name

PROSPERITY PROPERTY MANAGEMENT, INC.



Principal Place of Business

Mailing Address

~~2983 OCEAN TRACE~~
~~DAYTONA BCH SHORES FL 32118~~
~~4612 S. RIDGEWOOD AVE~~
~~PORT ORANGE, FL 32127~~

~~2983 OCEAN TRACE~~
~~DAYTONA BCH SHORES FL 32118~~
~~4612 S. RIDGEWOOD~~
~~PORT ORANGE, FL 32127~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-3687145

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHOU, VICTORIA C
2601 S ATLANTIC AVE
DAYTONA BCH SHORES FL 32118
4612 S. RIDGEWOOD AVE
PORT ORANGE
FL 32127

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 \$150.00.

After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CHOU, VICTORIA	
STREET ADDRESS	2601 S ATLANTIC AVE	
CITY - ST - ZIP	DAYTONA BEACH FL 32118	
TITLE	TREASURY	<input type="checkbox"/> Delete
NAME	MILICE ILIC	
STREET ADDRESS	4612 S. RIDGEWOOD	
CITY - ST - ZIP	PORT ORANGE FL 32127	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/7/06