## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 01, 2004 8:00 am Secretary of State DOCUMENT # P03000093345 03-01-2004 90028 027 \*\*\*150.00 ALIMAR PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address 611 WEST AZEELE STREET TAMPA FL 33606 611 WEST AZEELE STREET TAMPA FL 33606 りょりすりゅう 3. Mailing Address 2933 W. Columbus Dr. 2. Principal Place of Business 2933 W. Columbus Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For AMPA FLORIDA Not Applicable Gountry HUK BUROUGH \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, H. STRATTON III (P.O. Box Number is Not Acceptable) 611 WEST AZEELE STREET NQ. **TAMPA FL 33606** tamba 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Change TITLE Delete TITLE MARISELA KOZAS ☐ Addition SMITH, H. STRATTON III NAME NAME President 2933 W. COLUMBUS DR 611 WEST AZEELE STREET STREET ADDRESS STREET ADDRESS TAMPA FL 33606 CITY-ST-ZIP FC 33607 CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [ ] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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.

**FILED**