


FILED
May 13, 2004 8:00 am
Secretary of State

04-20-2004 90035 015 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|---|---------------------------------|--|--|
| DOCUMENT # P03000107176 | |  | |
| 1. Entity Name NEW SMYRNA CONDO BUILDING NO. 8, INC. | | | |
| Principal Place of Business 3033 CHIMNEY ROCK, STE. 400 HOUSTON, TX 77056 | | Mailing Address 3033 CHIMNEY ROCK, STE. 400 HOUSTON, TX 77056 | |
| 2. Principal Place of Business 1215 GESSNER DR Suite, Apt. #, etc. | | 3. Mailing Address 1215 GESSNER DR Suite, Apt. #, etc. | |
| City & State HOUSTON, TX Zip 77055 Country | | City & State HOUSTON, TX Zip 77055 Country | |
| 4. FEI Number 74-3114238 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent GRAHAM, JESSE E SR. 369 NORTH NEW YORK AVE., THIRD FLOOR WINTER PARK, FL 32789 | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-appointing) _____ DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date: 5/7/04 Daytime Phone #: (713) 785-6272 | |