

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90196 034 ***150.00

DOCUMENT # P03000113398

1. Entity Name
VOLUSIA INVESTMENT PROPERTIES, INC.



Principal Place of Business
1255 MASON AVENUE
DAYTONA BEACH, FL 32117

Mailing Address
1255 MASON AVENUE
DAYTONA BEACH, FL 32117

24070701

2. Principal Place of Business
17 GREENVALE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
17 GREENVALE DR
Suite, Apt. #, etc.



04272004 Chg-P CR2E034 (10/03)

City & State
ORMOND BEACH FL
Zip
32174
Country
USA

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ORMOND BEACH FL
Zip
32174
Country
USA

4. FEI Number
65-1206838
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name
MICKY PEDERSEN
Street Address (P.O. Box Number is Not Acceptable)
17 GREENVALE DR
City
ORMOND BEACH FL Zip Code
32174

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 Micky Pedersen Micky Pedersen 4-29-04
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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME PSTD ☐ Delete
STREET ADDRESS PEDERSEN, MICKY L
CITY-ST-ZIP 1255 MASON AVENUE
DAYTONA BEACH, FL 32117

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME ☐ Change ☐ Addition
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.

SIGNATURE: Micky Pedersen Micky Pedersen 4-29-04 386-238-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #