

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90316 006 \*\*\*150.00

DOCUMENT # P04000077458

1. Entity Name

**SOUTH VOLUSIA REAL ESTATE & PROPERTY  
MANAGEMENT, INC**

*Harbour Heights Real Estate, Inc*



Principal Place of Business

126 CHARLES ST  
EDGEWATER, FL 32141

Mailing Address

126 CHARLES ST  
EDGEWATER, FL 32141

2. Principal Place of Business

*4147 Rock Creek Dr*

3. Mailing Address

*4147 Rock Creek Dr*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Port Charlotte, FL*

City & State

*Port Charlotte FL*

Zip 33948

Country USA

Zip 33948

Country USA

04012005

Chg-P

CR2E034 (10/03)

4. FEI Number

*20-1151278*

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIEIRA, DEBRA A  
126 CHARLES ST  
EDGEWATER, FL 32141

7. Name and Address of New Registered Agent

Name *Vieira Debra A.*

Street Address (P.O. Box Number is Not Acceptable)

*4147 Rock Creek Dr*

City *Port Charlotte*

FL

Zip Code

*33948*

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

*Debra A. Vieira*

*Debra A. Vieira President*

*4-20-05*

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, 2005 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 ☐ Delete  
D VIEIRA, DEBRA A  
STREET ADDRESS 126 CHARLES ST  
CITY-ST-ZIP EDGEWATER, FL 32141

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  
*President D*  
*Vieira Debra A.*  
STREET ADDRESS *4147 Rock Creek Dr.*  
CITY-ST-ZIP *Port Charlotte, FL 33948*

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

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

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:

*Debra A. Vieira* *Debra A. Vieira*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4-20-05*

Daytime Phone #

*386-689-5811*

50044195

