


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 03, 2005 8:00 am
Secretary of State

05-06-2005 90091 046 ***150.00

DOCUMENT # P04000138021			
1. Entity Name 3F PROPERTIES, INC.			
Principal Place of Business 4600 WEST CYPRESS STREET SUITE 500 TAMPA, FL 33607		Mailing Address 4600 WEST CYPRESS STREET SUITE 500 TAMPA, FL 33607	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent LOPEZ, AL R JR 4600 WEST CYPRESS STREET SUITE 500 TAMPA, FL 33607		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANARO, NICHOLAS A	NAME	
STREET ADDRESS	15501 BRUCE B DOWNS BLVD #3807	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33647	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANARO, CARL G JR	NAME	
STREET ADDRESS	14240 N 42ND STREET #3702	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33613	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: <u>Carl Fanaro Vice President 5/1/05</u>		8239080894	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
CARL FANARO			
VICE PRESIDENT			

66021227



02252005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1739658** Applied For Not Applicable

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

SIGNATURE: Carl Fanaro Vice President 5/1/05 8239080894
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CARL FANARO
VICE PRESIDENT