## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 08, 2005 8:00 am Secretary of State

Principal Place of Business   24 BAFFIN AVE   7 MAPR, R. 1 33006	DOCUMENT # P04000170543  1. Entity Name SOUTH TAMPA PROPERTY SOLUTIONS, INC.					04-08-2005 90046 016 ***155.00				
24 BAFFIN N/E TAMPA, FL 33606  2. PPecicial Place of Business  Sulle, Apr. 4, etc.  Sulle, Ap	Principal Place	e of Business	Mailing Address			40050111				
Sulfo, Apt. #, atc.    Sulfo, Apt. #, atc.   Sulfo, Apt. #, atc.   O3302005   Chg. P   CR2E034 (10/03)	24 BAFFIN AVE		24 BAFFIN AVE				10000			
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City & State  Ci	2. Principal Place of Business		3. Mailing Address				<b>31</b> 11 <b>1111 1111 1111 1111</b>			
Country   Zip   Country   St. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Required	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03302005	Chg-P	CR2E034 (10/03)		
Security   Country   Zip   Country   Securiticate of Status Desired   \$8.75 a Addissional Propagation   Propagat	City & State		City & State			4. FEI Numb	203909		<u> </u>	
BRUCE, K.J. 24 BAFFIN AVE TAMPA, FL. 33606  8. The above hamed entity submits this statement for the purpose of changing its registered dentity or both, in the State of Forida. I am familiar with, and accept the chilgabons of registered agent.  8. The above hamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accept the chilgabons of registered agent.  8. The above hamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accept the chilgabons of registered agent.  8. The above hamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accept the chilgabons of registered agent, or both, in the State of Forida. I am familiar with, and accept the children of the children of the children of the state of Forida. I am familiar with, and accept the children of the state of Forida. I am familiar with, and accept the children of the childre	Zip	Country	Zip	Count	try	5. Certificate	of Status Desired	□ \$8.75 Add	litional	
BRUCE, K J 24 BAFFIN AVE TAMPA, FL 33606  City Jacksonville FL 326020  8. The above hamed entity submits this elatement 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 SI		6. Name and Address of Current	Registered Agent	1		7. Name and	Address of New R		u	
Street_Addings (P.O. Box Number is Not Acceptable)  TAMPA, FL 33606  Street_Addings (P.O. Box Number is Not Acceptable)  Street_Street_, Suite  Ty Jacksonville  FL Zp.Code 22202  8. The above hamed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of projections of synthetic more of significance agent.  SIGNATURE  STORMATURE  STORMATURE  STREET ADDRESS  TOT-ST-ZP  THE  NAME STREET ADDRESS  COTY-ST-ZP  THE  NAME					Name					
City Jacksonville	24 BAFFIN	IAVE								
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  SIGNATURE  SIGNATURE  SIGNATURE  STORMAN MAY 1, 2005 Fee will be \$550.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  B. Blection Campaign Financing Trust Fund Contribution.  SIREIT ADDRESS CITY-ST-2P  TITLE  TIT	TAMPA, FI				00 111	<u> Laura 3</u>	<u>., </u>	<u></u>		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  SIGNATUR					City Zip Code					
SIGNATURE    SQUALINA, Typed or priced incrine of registered squart and 18th if applicable.   DATE: Registered Appert signature required reporture	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									
After May 1, 2005 Fee will be \$550.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  10. COFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D/P  MME  Bruce, K.J.  24 Baffin Avenue  Tampa, FL 33606  Trust Fund Contribution  Title  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  TITLE  MAME  STREET ADDRESS  CITY-ST-2P  Addition  Ad	the state of the s									
### STREET ADDRESS CITY-ST-ZIP  #### STREET ADDRESS CITY-ST-ZIP  ##### STREET ADDRESS CITY-ST-ZIP  ##### STREET ADDRESS CITY-ST-ZIP  ###################################	SIGNATURE A Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
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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:

SHATTURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Date Dayting Proper