


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90026 002 ***150.00

DOCUMENT # P05000126316	
1. Entity Name FARRIS PROPERTY MANAGEMENT INC.	

Principal Place of Business 93 HENDRICKS ISLE FT. LAUDERDALE, FL 33301 US	Mailing Address 93 HENDRICKS ISLE FT. LAUDERDALE, FL 33301 US
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2. Principal Place of Business - No P.O. Box # 124 N.E. 3rd St.	3. Mailing Address 124 NE 3rd St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State POMPANO BEACH, FL	City & State POMPANO BEACH, FL
Zip 33060	Zip 33060
Country USA	Country USA

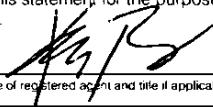


01212008 Chg-P CR2E034 (12/06)

4. FEI Number 20-3452217	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 FARRIS, KEVIN B 93 HENDRICKS ISLE FT. LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name: KEVIN FARRIS Street Address (P.O. Box Number is Not Acceptable) 124 NE 3rd St. City: POMPANO BEACH FL Zip Code: 33060
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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: 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/21/08
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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	P FARRIS, KEVIN B 93 HENDRICKS ISLE FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	124 N.E. 3rd St. POMPANO BEACH FL 33060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1/21/08

Date

(954) 786 7414

Daytime Phone #