

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000147068

1. Entity Name
FMP PROPERTIES, INC.



Principal Place of Business
**3301 WHITFIELD AVENUE
SARASOTA, FL 34243**

Mailing Address
**3301 WHITFIELD AVENUE
SARASOTA, FL 34243**



03082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3847624

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHAPNICK, BRUCE P ESQ.
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MILLS, WALTER G
STREET ADDRESS	3301 WHITFIELD AVENUE
CITY - ST - ZIP	SARASOTA, FL 34243
TITLE	VP
NAME	HENSEY, TIMOTHY
STREET ADDRESS	2806 SARASOTA GOLF CLUB BLVD
CITY - ST - ZIP	SARASOTA, FL 34240
TITLE	PD
NAME	SHARP, LEMUEL III
STREET ADDRESS	4987 WINDSOR PARK
CITY - ST - ZIP	SARASOTA, FL 34235
TITLE	S
NAME	BAKER, STEVEN E
STREET ADDRESS	4007 73RD TERR E
CITY - ST - ZIP	SARASOTA, FL 34243
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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

4/5/07
Date

941-907-9044
Daytime Phone #