

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

04-13-2007 90186 004 ***150.00

DOCUMENT # P06000017720 1. Entity Name MIDNIGHT PASS PROPERTY AND MANAGEMENT GROUP, INC.																													
Principal Place of Business 5244 CANTERBURY DRIVE SARASOTA FL 34243			Mailing Address 5244 CANTERBURY DRIVE SARASOTA FL 34243																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number																									
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent STROHL, JEFF 5244 CANTERBURY DRIVE SARASOTA FL 34243				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																									
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 reappointing)) DATE: _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">D</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>STROHL, JEFF</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5244 CANTERBURY DRIVE</td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td>SARASOTA FL 34243</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	D	☐ Delete	NAME	STROHL, JEFF		STREET ADDRESS	5244 CANTERBURY DRIVE		CITY ST ZIP	SARASOTA FL 34243		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY ST ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 4/13/2007 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													