

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90222 020 \*\*\*150.00

<b>DOCUMENT # P06000129988</b> 1. Entity Name <b>NAUTILUS PROPERTY MANAGEMENT COMPANY</b>			
Principal Place of Business <b>6161 DR. MARTIN LUTHER KING JR. STREET N SUITE 205 ST PETERSBURG, FL 33703</b>		Mailing Address <b>6161 DR. MARTIN LUTHER KING JR. STREET N SUITE 205 ST PETERSBURG, FL 33703</b>	
2. Principal Place of Business - No P.O. Box # <b>4820 Park Boulevard</b> Suite, Apt. #, etc.		3. Mailing Address <b>4820 Park Boulevard</b> Suite, Apt. #, etc.	
City & State <b>Pinellas Park FL</b> Zip <b>33781</b>		City & State <b>Pinellas Park FL</b> Zip <b>33781</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-5728408</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRAMLET, DALE G 6161 DR. MARTIN LUTHER KING JR. STREET N SUITE 205 ST PETERSBURG, FL 33703</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> NAME <b>BRAMLET, DALE G</b> STREET ADDRESS <b>6161 DR. MARTIN LUTHER KING JR. STREET N</b> CITY-ST-ZIP <b>ST PETERSBURG, FL 33703</b>	<input type="checkbox"/> Delete	TITLE <b>4820 Park Boulevard</b> NAME <b>Pinellas Park</b> STREET ADDRESS <b>FL 33781</b> CITY-ST-ZIP <b>FL 33781</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>P</b> NAME <b>VEAGER, KEN</b> STREET ADDRESS <b>6161 DR. MARTIN LUTHER KING JR. ST. NO</b> CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33703</b>	<input type="checkbox"/> Delete	TITLE <b>Kenneth R. Yeager II</b> NAME <b>4820 Park Blvd.</b> STREET ADDRESS <b>Pinellas Park FL 33781</b> CITY-ST-ZIP <b>FL 33781</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SCFO</b> NAME <b>KIMMITT, ALLEN L JR</b> STREET ADDRESS <b>6161 DR. MARTIN LUTHER KING JR. ST. NO</b> CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33703</b>	<input checked="" 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
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
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.			
<b>SIGNATURE:</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>5.1.08 727-453-9591</b> Date Daytime Phone #	