

# **FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000003315**

1. Entity Name

**FOURSOME PROPERTIES, INC.**



Principal Place of Business

**3641 W KENNEDY BLVD  
SUITE A  
TAMPA, FL 33609 US**

Mailing Address

**3641 W KENNEDY BLVD  
SUITE A  
TAMPA, FL 33609 US**



04102006

No Chg-F

CR2ED34 (11/05)

4. FEI Number

**59-3165370**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**BARNETT, LESLIE J  
C/O BARNETT, BOLT, KIRKWOOD & LONG  
601 BAYSHORE BLVD., SUITE 700  
TAMPA, FL 33608**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	POST
NAME	LEVY, CLIFF
STREET ADDRESS	4932 ST. CROIX DRIVE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	VASD
NAME	LEVY, LINDA SARI
STREET ADDRESS	4932 ST. CROIX DRIVE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000511908  
04/29/06-80070-009 150.00

**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

**CLIFF LEVY**

**4/12/06**

**(813) 353-2220**

Date

Daytime Phone #