


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90252 023 \*\*\*150.00

**DOCUMENT # P93000037921**  
 1. Entity Name  
 PROPERTY DEVELOPMENT & MANAGEMENT, INC.



Principal Place of Business  
 12634 VALENCIA DR.  
 CLERMONT, FL 34711

Mailing Address  
 12634 VALENCIA DR.  
 CLERMONT, FL 34711

**24058128**



2. Principal Place of Business  
 1150 JETPORT DRIVE  
 Suite, Apt. #, etc.

3. Mailing Address  
 1150 JETPORT DRIVE  
 Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State  
 ORLANDO, FLORIDA

City & State  
 ORLANDO, FLORIDA

Zip  
 32809

Country  
 ORANGE

Zip  
 32809

Country  
 ORANGE

4. FEI Number  
 59-3193370

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 OLESEN, DARLA  
 12634 VALENCIA DR.  
 CLERMONT, FL

7. Name and Address of New Registered Agent  
 Name  
 PREBEN OLESEN  
 Street Address (P.O. Box Number is Not Acceptable)  
 1150 JETPORT DRIVE  
 City  
 ORLANDO FL Zip Code  
 32809

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  PREBEN OLESEN 4/26/04  
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OLESEN, PREBEN 12634 VALENCIA DR. CLERMONT, FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST OLESEN, DARLA 12634 VALENCIA DR. CLERMONT, FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman/President Olesen Preben 1150 Jetport Drive ORLANDO FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Olesen Darla 1150 Jetport Drive ORLANDO FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  PREBEN OLESEN 4/26/04 407-877-3991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #