


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**


03-29-2004 90397 042 \*\*\*150.00

<b>DOCUMENT # P93000039628</b>	
<b>1. Entity Name</b> SENSIBLE PROPERTY CARE, INC.	

<b>Principal Place of Business</b> 5007 DENVER ST TAMPA FL 33619 US	<b>Mailing Address</b> 5007 DENVER ST TAMPA FL 33619 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> PO BOX 6833
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> BRANDON FL	<b>City &amp; State</b> BRANDON FL
<b>Zip</b> 33508-6014	<b>Country</b> USA

	
<b>MOORE</b>	<b>CR2E034 (11/03)</b>
<b>4. FEI Number</b> 59-3180481	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> FRUEH, HENRY M 3321 KING CHARLES CIR SEFFNER FL 33584	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> VP	<b>NAME</b> FRUEH, HENRY M <b>STREET ADDRESS</b> 3321 KING CHARLES CIR <b>CITY-ST-ZIP</b> SEFFNER FL 33584	<b>TITLE</b>	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> EVP	<b>NAME</b> STEBBINS, CHRISTOPHER M. <b>STREET ADDRESS</b> 4203 SPRING WAY CIR <b>CITY-ST-ZIP</b> VALRICO FL 33594	<b>TITLE</b>	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> GMBS	<b>NAME</b> STEBBINS, RUPERT M JR <b>STREET ADDRESS</b> 3705 COPPERTREE CIR <b>CITY-ST-ZIP</b> BRANDON FL 33511	<b>TITLE</b>	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TITLE</b>	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TITLE</b>	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TITLE</b>	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<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:**  **R.M. STEBBINS, JR** 2/7/04 813 241 9816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #