


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000068480

1. Entity Name
 ALL FLORIDA PROPERTY MANAGEMENT, INC.



Principal Place of Business 1648 SE PORT ST LUCIE BLCD PORT SAINT LUCIE, FL 34952	Mailing Address 1648 SE PORT ST LUCIE BLCD PORT SAINT LUCIE, FL 34952
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DO NOT WRITE IN THIS SPACE



02072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3206123	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent

BESSETTE, DAVID L
 1648 SE PORT ST LUCIE BLVD
 PORT SAINT LUCIE, FL 34952

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DPST BESSETTE, DAVID L 5155 NW PALMETTO AVE FORT PIERCE, FL 34982
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 03/04/04-80008-003 150.00

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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: DAVID L. BESSETTE X 2-27-03 772 335 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #