


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90014 038 \*\*\*150.00

<b>DOCUMENT # P94000054799</b>	
1. Entity Name <b>PROPERTIES NO. 5, INC.</b>	

Principal Place of Business <del>% BOULDER VENTURE</del> <del>4340 W. HILLSBOROUGH AVE</del> <del>TAMPA, FL 33614</del>	Mailing Address PO BOX 261838 LITTLETON, CO 80163
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**54037563**



2. Principal Place of Business <b>P.O. Box 261838</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03302004 Chg-P CR2E034 (10/03)

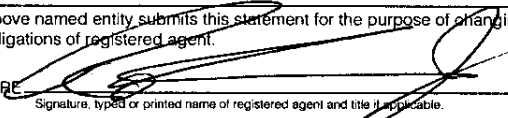
City & State <b>Highlands Ranch CO</b>	City & State
Zip <b>80163</b>	Country

4. FEI Number <b>39-1816029</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>HUDOBA, STEPHEN M</b> <b>101 E KENNEDY BLVD</b> <b>SUITE 3700 BARNETT PLAZA</b> <b>TAMPA, FL 33602</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 <b>4/6/04</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCMIDT, ROBERT E JR <del>4340 W. HILLSBOROUGH AVE. #212</del> <del>TAMPA, FL 33614</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2226 State Rd 580</b> <b>Clearwater, FL 33763-1126</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO HOWELL, PATTI 1645 E ADOBE PL HIGHLANDS RAUGH, CO	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
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 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.	
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SIGNATURE: 	DATE <b>4/6/04</b>	Daytime Phone #
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