

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90394 024 ***150.00

DOCUMENT # P94000083905

1. Entity Name
ST PROPERTY HOLDINGS, INC.



Principal Place of Business
**% DAVID KAMENSTEIN
PO BOX 2208
PALM BEACH, FL 33480 US**

Mailing Address
**% DAVID KAMENSTEIN
PO BOX 2208
PALM BEACH, FL 33480 US**

14012777



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0547556

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**KAMENSTEIN, DAVID
1 PELICAN LANE
PALM BEACH, FL 33480**

7. Name and Address of New Registered Agent

Name **DAVID KAMENSTEIN**

Street Address (P.O. Box Number is Not Acceptable)
273 TANGIER AVE

City **PALM BEACH**

FL

Zip Code **33480**

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, 2005 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
**P
KAMENSTEIN, TRACY
PO BOX 2208
PALM BEACH, FL 33480** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KAMENSTEIN, SLOAN
PO BOX 2208
PALM BEACH, FL 33480** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KAMENSTEIN, DAVID
PO BOX 2208
PALM BEACH, FL 33480** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
KAMENSTEIN, CAROL
PO BOX 2208
PALM BEACH, FL 33480** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #