


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

04-17-2007 90055 044 ***150.00

DOCUMENT # P94000083905 1. Entity Name ST PROPERTY HOLDINGS, INC.	
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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
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DO NOT WRITE IN THIS SPACE

00012593



04062007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0547556

Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

KAMENSTEIN, DAVID
273 TANGIER-AVE
PALM BEACH, FL 33480

**DO NOT WRITE
IN THIS SPACE**

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 understand, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KAMENSTEIN, TRACY
STREET ADDRESS	PO BOX 2208
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	V
NAME	KAMENSTEIN, SLOAN
STREET ADDRESS	PO BOX 2208
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	S
NAME	KAMENSTEIN, DAVID
STREET ADDRESS	PO BOX 2208
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	T
NAME	KAMENSTEIN, CAROL
STREET ADDRESS	PO BOX 2208
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, 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 #

4/30/07 561-832-10566