


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90490 004 \*\*\*150.00

<b>DOCUMENT # P95000057749</b>		
1. Entity Name <b>THE PROP DEPOT, INC.</b>		

Principal Place of Business <b>5010 W. KNOLLWOOD ST. TAMPA, FL 33634 US</b>	Mailing Address <b>5010 W. KNOLLWOOD ST. TAMPA, FL 33634 US</b>
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2. Principal Place of Business <b>5147 W. RIO VISTA AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>5147 W. RIO VISTA AVE</b> Suite, Apt. #, etc.
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04212004 Chg-P CR2E034 (10/03)

City & State <b>TAMPA, FLA</b>	City & State <b>TAMPA, FLA</b>	4. FEI Number <b>59-3329161</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33634-5343</b>	Country <b>USA</b>	Zip <b>33634-5343</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>JURASINSKI, JEFFRY J 5010 W. KNOLLWOOD ST. SUITE 168 TAMPA, FL 33634</b>	
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7. Name and Address of New Registered Agent Name <b>5147 W. RIO VISTA AVENUE</b> Street Address (P.O. Box Number is Not Acceptable) City <b>TAMPA</b> FL Zip Code <b>33634-5343</b>	
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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 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JURASINSKI, JEFFREY J 5010 KNOLLWOOD ST TAMPA, FL 33634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5147 W. RIO VISTA AVENUE TAMPA, FLA 33634-5343</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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.

**SIGNATURE:** JEFFERY J. JURASINSKI 4/22/04 (813) 870-8844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #