

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000091655

1. Entity Name

ST. JOSEPH PROPERTIES, INC.



FILED

04 FEB -9 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

6953 N.W 19TH ST.  
MARGATE FL 33063

Mailing Address

6953 N.W 19TH ST.  
MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0658237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUNCHANDY, GEORGE  
6953 NW. 19TH ST.  
MARGATE FL 33063

Name

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

City

FL

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete  
NAME KUNCHANDY, GEORGE  
STREET ADDRESS 6953 NW 19TH ST  
CITY-ST-ZIP MARGATE FL 33063

TITLE D ☐ Delete  
NAME KOCHUPURACKAL, THOMSON  
STREET ADDRESS 764 MAGIE AVE  
CITY-ST-ZIP ELIZABETH NJ 07208

TITLE D ☐ Delete  
NAME KOCHUPURACKAL, BINDY T  
STREET ADDRESS 444 VERONA AVE  
CITY-ST-ZIP ELIZABETH NJ 07208

TITLE D ☐ Delete  
NAME EAPAN, JOHNSON K  
STREET ADDRESS 887 FLORAL AVE  
CITY-ST-ZIP UNION NJ 07083

TITLE D ☐ Delete  
NAME THOMSON, SHIBU DR  
STREET ADDRESS 5990 RICHMOND HWY APT 403  
CITY-ST-ZIP ALEXANDRIA VA 22303

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 200028658382  
CITY-ST-ZIP 02/12/04--01035--002 \*\*150.00

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

GEORGE KUNCHANDY

2/6/04