

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90295 024 ***150.00

DOCUMENT # P97000029083					
1. Entity Name P.B. COMPLETE LUXURY PROPERTY SERVICES, INC.					
Principal Place of Business 11360 FORTUNE CIR. STE. SUITE I-23 WELLINGTON, FL 33414			Mailing Address 11360 FORTUNE CIR. STE. SUITE I-23 WELLINGTON, FL 33414		
2. Principal Place of Business 11360 Fortune Cir.			3. Mailing Address 11360 Fortune Cir.		
Suite, Apt. #, etc. Suite-E-1			Suite, Apt. #, etc. Suite E-1		
City & State Wellington, FL			City & State Wellington, FL		
Zip 33414		Country USA		Zip 33414	
Country USA		4. FEI Number 65-0755812			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCOWN, WILLIAM W 11360 FORTUNE CIR. SUITE E-1 WEST PALM BEACH, FL 33414			7. Name and Address of New Registered Agent Name McCown, Patricia S Street Address (P.O. Box Number is Not Acceptable) 11360 Fortune Cir. Suite E-1 City Wellington FL Zip Code 33414		
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 <i>Patricia McCown</i> Patricia McCown 4/8/04 President					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MCCOWN, WILLIAM W 11360 FORTUNE CIR. STE. E-1 WELLINGTON, FL 33414	☒ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MCCOWN, PATRICIA S 11360 FORTUNE CIR. STE. E-1 WELLINGTON, FL 33414	☐ Delete			
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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: <i>Patricia McCown</i> 4/8/04 Sd/248-3131					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					