


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-19-2004 90037 007 ***150.00

DOCUMENT # P97000033900	
1. Entity Name C.Q. PORT RICHEY PROPERTY, INC.	

Principal Place of Business 9205 COMMERCIAL WAY WEEKI WACHEE, FL 34613 US	Mailing Address 9205 COMMERCIAL WAY WEEKI WACHEE, FL 34613 US
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DO NOT WRITE IN THIS SPACE

02112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3443034	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CERAULO, CARMEL A 9205 COMMERCIAL WAY WEEKI WACHEE, FL 34613

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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 <u>Carmel A. Ceraulo</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>3-15-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERAULO, CARMEL A 9205 COMMERCIAL WAY WEEKI WACHEE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINN, JOHN H P.O. BOX 941539 N/A MAITLAND, FL 327941539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: <u>Carmel A. Ceraulo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>3-27-04</u> (352) 592-5926 <small>Date Daytime Phone #</small>

CARMEL A. CERAULO, PRESIDENT.