

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90020 006 \*\*\*150.00

**DOCUMENT # P97000058794**

1. Entity Name  
**HEAD PROPERTY CORPORATION**



Principal Place of Business  
**3998 FAU BLVD  
STE 307  
BOCA RATON, FL 33431-6429 US**

Mailing Address  
**3998 FAU BLVD  
STE 307  
BOCA RATON, FL 33431-6429 US**

**94017095**

2. Principal Place of Business

3. Mailing Address

**3701 FAU Boulevard, Suite 205  
Boca Raton, FL 33431**

**3701 FAU Boulevard, Suite 205  
Boca Raton, FL 33431**



01082004 Chg-P CR2E034 (10/03)

FBI Number  
**65-0736803**

Applied For  
Not Applicable

Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HEAD, THOMAS A  
3998 FAU BLVD STE 307  
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

**3701 FAU Boulevard, Suite 205  
Boca Raton, FL 33431**

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, and I, the undersigned, 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

**Thomas A. Head 1/26/04**

**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 ☐ Delete  
NAME **D**  
STREET ADDRESS **HEAD, THOMAS A**  
CITY-ST-ZIP **3998 FAU BLVD STE 307  
BOCA RATON, FL 33431**

TITLE ☐ Addition  
NAME **3701 FAU Boulevard, Suite 205**  
STREET ADDRESS **Boca Raton, FL 33431**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **HEAD, RITA B**  
CITY-ST-ZIP **3998 FAU BLVD STE 307  
BOCA RATON, FL 33431**

TITLE ☒ Change ☐ Addition  
NAME **3701 FAU Boulevard, Suite 205**  
STREET ADDRESS **Boca Raton, FL 33431**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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

**Thomas A. Head 1/26/04 561-347-6915**

Date

Daytime Phone #