

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90046 028 \*\*\*150.00

**DOCUMENT # P97000104965**

1. Entity Name  
**PROPERTY SOLUTIONS, INC.**



Principal Place of Business  
**1931 ARROWHEAD DRIVE NE  
ST. PETERSBURG, FL 33703**

Mailing Address  
**1931 ARROWHEAD DRIVE NE  
ST. PETERSBURG, FL 33703**

**66004362**



01302006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3486079**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BOGUE, K. MARK  
1931 ARROWHEAD DRIVE NE  
ST. PETERSBURG, FL 33703**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DPST  
BOGUE, K. MARK  
1931 ARROWHEAD DRIVE NE  
ST. PETERSBURG, FL 33703**

**3318 Dr. M.L. -  
- KING ST. N.**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**33704**

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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 fees empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-6-06 727-898-7535**



ATTACHMENT  
66004362

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2006

PROPERTY SOLUTIONS, INC.  
1931 ARROWHEAD DRIVE NE  
ST. PETERSBURG, FL 33703

Subject: **PROPERTY SOLUTIONS, INC.**

Reference Number: **P97000104965**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH  
ANNUAL REPORTS SECTION