

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 01, 2005 08:00 AM  
Secretary of State

DOCUMENT # P98000087339

1. Entity Name  
CUSSON PROPERTY MANAGEMENT, INC.



Principal Place of Business      Mailing Address  
3355 12TH PL.      3355 12TH PL.  
VERO BEACH, FL 32960      VERO BEACH, FL 32960



03152005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
59-3539413      Not Applicable

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

6. Name and Address of Current Registered Agent

CUSSON, MARION J  
3355 12TH PL  
VERO BEACH, FL 32960

**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

*Marion J. Cusson*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/29/05  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CUSSON, MARION JUDGE
STREET ADDRESS	3355 12TH PL.
CITY-ST-ZIP	VERO BEACH, FL 32960
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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04/01/05-80034-021 150.00

**DO NOT WRITE  
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:

*Marion J. Cusson (Pres)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/05  
Date

772-562-1476  
Daytime Phone #