
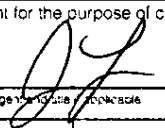
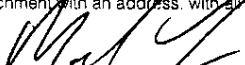


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90014 018 \*\*\*150.00

<b>DOCUMENT # P99000031011</b> 1. Entity Name <b>TOPAZ PROPERTY MANAGEMENT, INC.</b>			
Principal Place of Business <b>1224 SO. OCEANSHORE BLVD. FLAGLER BEACH, FL 32136</b>		Mailing Address <b>1224 SO. OCEANSHORE BLVD. FLAGLER BEACH, FL 32136</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>1515 Ridge Wood Ave</b> Suite, Apt. #, etc.	
City & State <b>Holly Hill FL</b>		4. FEI Number <b>59-3563176</b>	
Zip <b>32119</b>		Country <b>FL</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01102007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <b>LOGUIDICE, JOE CPA 1515 RIDGE WOOD AVE., STE A HOLLY HILL, FL 32117</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  DATE <b>1/10/07</b> <small>Signature, typed or printed name of registered agent acceptable (NOTE: Registered Agent signature required when changing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>LEE, MARC A</b> <b>1224 SO. OCEANSHORE BLVD.</b> <b>FLAGLER BEACH, FL 32136</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>LEE, PAUL W</b> <b>1224 SO. OCEANSHORE BLVD.</b> <b>FLAGLER BEACH, FL 32136</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered			
<b>SIGNATURE:</b>  <b>Mark Lee</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3-29-07</b> <small>Date</small>	<b>386-439-3301</b> <small>Daytime Phone #</small>

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