

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000034636

1. Entity Name
PONCE LIGHTHOUSE PROPERTIES, INC.



Principal Place of Business
**4620 S ATLANTIC AVE
PONCE INLET, FL 32127**

Mailing Address
**4620 S ATLANTIC AVE
PONCE INLET, FL 32127**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3574079

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HIEBNER, PETER B
523 NORTH HALFAX AVE.
DAYTONA BEACH, FL 32118**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

TITLE	V
NAME	CIRKS, DOUGLAS R
STREET ADDRESS	4620 S. ATLANTIC AVE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	D
NAME	BRUGGEN, DAVID V
STREET ADDRESS	1845 THE EXCHANGE STE 200
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	S
NAME	PINCKNEY, FRED J
STREET ADDRESS	1845 THE EXCHANGE STE 200
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	T
NAME	MATHIS, STEVEN B
STREET ADDRESS	1845 THE EXCHANGE STE 200
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	DP
NAME	TREADWAY, FREDERICK C
STREET ADDRESS	4620 S ATLANTIC AVE
CITY-ST-ZIP	PONCE INLET, FL 33127
TITLE	D
NAME	CRIM, STEPHEN R
STREET ADDRESS	1845 THE EXCHANGE STE 200
CITY-ST-ZIP	ATLANTA, GA 30339

000000006575
01/16/04-80040-010 150.00

**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)(f), 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: DOUGLAS R CIRKS 1/4/04 386-767-1313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #