


**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

[illegible]

<b>DOCUMENT # P99000038923</b>				04-16-2008 90034 032 ***150.00	
1. Entity Name <b>SRQ PROPERTY MANAGEMENT, INC.</b>					
Principal Place of Business <b>2107 63RS AVENUE EAST BRADENTON, FL 34203</b>		Mailing Address <b>2107 63RD AVENUE EAST BRADENTON, FL 34203</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04092008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number <b>65-0915840</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>COOK, THOMAS W 824 MAGELLAN DRIVE SARASOTA, FL 34243</b>				7. Name and Address of New Registered Agent Name <b>COOK, THOMAS W</b> Street Address (P.O. Box Number is Not Acceptable) <b>824 MAGELLAN DR.</b> City <b>SARASOTA, FL</b> Zip Code <b>34243-1011</b>	
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 <i>Thomas W Cook</i> <b>REGISTERED AGENT</b> DATE <b>4-10-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOK, GAIL S 824 MAGELLAN DRIVE SARASOTA, FL 34243	<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	V COOK, THOMAS W 824 MAGELLAN DRIVE SARASOTA, FL 34243	<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 filers empowered.					
SIGNATURE: <i>Thomas W Cook</i> <b>Thomas W Cook</b> <b>4-10-08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					