# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 25, 2004 8:00 am**
**Secretary of State**
02-25-2004 90044 023 ***150.00

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DOCUMENT # P99000084630

1. Entity Name
FLORIDA PROPERTIES HOLDINGS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1541 SE PORT ST LUCIE BLVD, SUITE A<br>PORT ST LUCIE, FL 34952 | 1541 SE PORT ST LUCIE BLVD, SUITE A<br>PORT ST LUCIE, FL 34952 |

02182004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1591 SE Port St. Lucie Blvd | 1591 SE Port St. Lucie Blvd |
| Suite, Apt. #, etc.: Suite A | Suite, Apt. #, etc.: Suite A |
| City & State: Port St Lucie, FL | City & State: Port St. Lucie, FL |
| Zip: 34952 Country: USA | Zip: 34952 Country: USA |

4. FEI Number: 65-0958036 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MECCA, JACK A<br>1541 SE PORT ST LUCIE BLVD, SUITE A<br>PORT ST LUCIE, FL 34952 | Name: Mecca, Jack A<br>Street Address (P.O. Box Number is Not Acceptable): 1591 SE Port St. Lucie Blvd Suite A<br>City: Port St. Lucie FL Zip Code: 34952 |

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
Signature (type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

**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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>VESTERLUND, STIG<br>FLYHAMNSVAGEN 24<br>UPPSALA, SWEDEN, | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VDM<br>MECCA, JACK A<br>1541 SE PORT ST LUCIE BLVD, SUITE A<br>PORT ST LUCIE, FL 34952 | ☐ Delete | ☑ Change ☐ Addition | VDM<br>Mecca, Jack A.<br>1591 SE Port St. Lucie Blvd, Suite A<br>Port St. Lucie, FL 34952 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HJELM, IVAN<br>NEDRA SLOTTSGATA, 6<br>UPPSALA, SWEDEN, | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LARSON, GORAN<br>DROTTINING-FATAN 85<br>11160 STOCKHOLM, SWEDEN, | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>MECCA, MARY<br>2022 SE ALLAMANDA DR<br>PORT ST LUCIE, FL 34952 | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ Change ☐ Addition | |

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:** Jack Mecca Jack Mecca Vice President 2/19/04 772 370-6020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #