

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90012 018 \*\*\*150.00

**DOCUMENT # P99000107977**

1. Entity Name  
US HIGHWAY 19 PROPERTIES, INC.



Principal Place of Business  
16809 US HIGHWAY 19N  
CLEARWATER, FL 33764

Mailing Address  
~~3901 NW 29 AVE~~ P.O. Box 5890  
~~MIAMI, FL 33142~~  
CLEARWATER, FL 33758



02242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0970839

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

~~NOORDHOEK, GREGG~~ JAMES NOORDHOEK  
~~3901 NW 29 AVE~~ 16809 US HIGHWAY 19 N  
~~MIAMI, FL 33142~~ CLEARWATER, FL 33764

**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

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

(NOTE: Registered Agent signature required when reinstating)

3/1/06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME NOORDHOEK, HAROLD  
STREET ADDRESS 300 CASUARINA CONCOURSE  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D  
NAME JAMES NOORDHOEK  
STREET ADDRESS 16809 US HIGHWAY 19 N  
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/06

727-798-7845