


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90023 002 ***150.00

DOCUMENT # 231022 1. Entity Name BRANDON DEVELOPERS, INC.					
Principal Place of Business 4417 KEYSVILLE ROAD DURANT FL 33530 US			Mailing Address PO BOX 936 DURANT FL 33530 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PERDUE, H.K. 4415 KEYSVILLE ROAD DURANT FL 33530				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete		TITLE	Recording Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PERDUE, H K		NAME	Michelle R. Perdue	
STREET ADDRESS	4415 KEYSVILLE ROAD		STREET ADDRESS	P.O. Box 111-201 Mitchell St.	
CITY-ST-ZIP	DURANT FL		CITY-ST-ZIP	BaySide, Tx. 78340	
TITLE	ST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, DESIREE D.		NAME		
STREET ADDRESS	1710 STAYSAIL DR.		STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		CITY-ST-ZIP		
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POJMANN, DONNA J.		NAME		
STREET ADDRESS	1043 SUNSHINE WAY <i>deceased</i>		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERDUE, DOUGLAS H.		NAME	8225 Pitt Rd.	
STREET ADDRESS	8736 PITT RD		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>HK Perdue</i> <i>HK Perdue</i> <i>2-14-04</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



MOORE CR2E034 (11/03)