
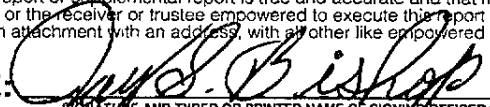


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # P98000002865 <small>*1. Entity Name</small> DEVELOPMENT PROPERTIES, INC.							
<small>Principal Place of Business</small> 5051 CASTELLO DR.,STE.33 NAPLES FL 34103		<small>Mailing Address</small> 5051 CASTELLO DR.,STE.33 NAPLES FL 34103					
<small>2. Principal Place of Business</small>		<small>3. Mailing Address</small>					
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>					
<small>City & State</small>		<small>City & State</small>		<small>4. FEI Number</small> 65-0807404 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><small>Applied For</small></td> </tr> <tr> <td style="padding: 2px;"><small>Not Applicable</small></td> </tr> </table>		<small>Applied For</small>	<small>Not Applicable</small>
<small>Applied For</small>							
<small>Not Applicable</small>							
<small>Zip</small>	<small>Country</small>	<small>Zip</small>	<small>Country</small>	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HURLEY, JOHN R ESQUIRE 5051 CASTELLO DR.,STE.202 NAPLES FL 34103			<small>Name</small> <hr/> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <hr/> <hr/> <small>City</small> FL <small>Zip Code</small>				
<small>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.</small>							
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>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			<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	D <input type="checkbox"/> <small>Delete</small> BISHOP, JAY S 5051 CASTELLO DR.,STE.33 NAPLES FL 34103	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small> <div style="text-align: center; font-family: monospace; font-size: 1.2em;"> U00000067208 02/26/04-80047-006 150.00 </div>				
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>				
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>				
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>				
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<small>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</small>							
SIGNATURE: 							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>		