


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 290517	
1. Entity Name PROPERTY AND DEVELOPMENT INC	

Principal Place of Business 3380 NO. HWY 19-A MOUNT DORA, FL 32757	Mailing Address 3380 NO. HWY 19-A MOUNT DORA, FL 32757
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DO NOT WRITE IN THIS SPACE



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1111150	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DRIGGERS, DONALD L. 3380 N. HIGHWAY 19-A MT. DORA, FL 32757
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DRIGGERS, DONALD L HIGHWAY 19-A MT. DORA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DRIGGERS, JOAN N. HIGHWAY 19-A MT. DORA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRIGGERS, SR., CHARLES F 3380 N HIGHWAY 19-A MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Donald L. Driggers 2/13/04 352-383-4885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #