

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

04 APR 29 PM 6:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05032004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1174485

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAKER, RICHARD W.
2535 SUCCESS DRIVE
ODESSA, FL 33556

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)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
BAKER, RICHARD W
2535 SUCCESS DR
ODESSA, FL 33556

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

700035551027
05/06/04--01009--006 **150.00

DO NOT WRITE
IN THIS SPACE

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:

See attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Division of Corporations

2 of 4

Annual Report

Page 1

Document Number

309245

Business Entity Name

TAHITIAN DEVELOPMENT, INC.

FEI Number

591174485

FEI Number Status

☐

Applied For

☐

Not Applicable

☒

Current

Certificate of Status Desired

☐

Yes

☒

No

\$8.75 each

Principal Place of Business

Address

2535 SUCCESS DR

Suite, Apt. #, etc.

City, State

ODESSA

FL

Zip Code & Country

33556

US

Mailing Address

Address

2535 SUCCESS DR

Suite, Apt. #, etc.

City, State

ODESSA

FL

Zip Code & Country

33556

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

BAKER, RICHARD W.

Address

2535 SUCCESS DRIVE

Suite, Apt. #, etc.

City, State

ODESSA

FL

Zip Code & Country

33556

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Continue

Reset



Division of Corporations

3 of 4

Annual Report

Page 2

Document Number

309245

Business Entity Name

TAHITIAN DEVELOPMENT, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title	PSD
Name (Last, First, Middle, Title)	BAKER RICHARD W
-or- Entity Name	
Street Address	2535 SUCCESS DR
City, State	ODESSA, FL
Zip Code & Country	33556
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	

4 of 4

Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title
 Officer/Director Signature

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