


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 316234		
1. Entity Name WARD AND SONS DEVELOPMENT COMPANY		
Principal Place of Business 285 SUNRISE DR STE 31 KEY BISCAVNE, FL 33149	Mailing Address 285 SUNRISE DR STE 31 KEY BISCAVNE, FL 33149	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WARD, CHRISTOPHER B. 285 SUNRISE DR STE 31 KEY BISCAVNE, FL 33149		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small> 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS WARD, CHRISTOPHER 285 SUNRISE DR # 31 KEY BISCAVNE, FL 33149	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARD, PATRICIA 285 SUNRISE DR APT 31 KEY BISCAVNE, FL 33149	
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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)(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: <u>Christopher B. Ward</u> CHRISTOPHER B. WARD		1/14/04 305-361-3050
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Day Daytime Phone #</small>



01132004 No Chg-P CF2E034 (10/03)

4. FEI Number 59-1165183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000009348
01/21/04-80008-001 150.00

**DO NOT WRITE
IN THIS SPACE**