


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 639029 1. Entity Name PARK SOUTH DEVELOPERS, INC.	
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Principal Place of Business C/O MICHAEL MCKEE 7500 5TH AVENUE NORTH SAINT PETERSBURG, FL 33710 US	Mailing Address C/O MICHAEL MCKEE 7500 5TH AVENUE NORTH SAINT PETERSBURG, FL 33710 US
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04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2039889	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MCKEE, MICHAEL L.
7500 5TH AVE N
ST. PETERSBURG, FL 33710

**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 \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000126622
04/23/04-80041-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCKEE, MICHAEL L 7500 5TH AVENUE NORTH SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCKEE, MAUREEN D 1 BEACH DRIVE S E SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPRINGER, PATRICIA M 1930 DAUPHIN BLVD SOUTH SAINT PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.21.04

813.288.7529