2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000003391

1. Entity Name
CAUTHEN DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
8803 SW 61ST AVENUE	8803 SW 61ST AVENUE
GAINESVILLE, FL 32608	GAINESVILLE, FL 32608

DO NOT WRITE IN THIS SPACE

08122004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
56-2065373	Not Applicable

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

6. Name and Address of Current Registered Agent

CAUTHEN IV, JOSEPH C
8803 SW 61ST AVENUE
GAINESVILLE, FL 32608

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

08/13084 80002002 550.00

10.   OFFICERS AND DIRECTORS

TITLE	PCDS
NAME	CAUTHEN IV, JOSEPH C
STREET ADDRESS	8803 SW 61ST AVE.
CITY-ST-ZIP	GAINESVILLE, FL

TITLE	
NAME	
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CITY-ST-ZIP	

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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)(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: _Joseph Cauthen_   8/11/04   (352) 528-4292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #