2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F47280

1. Entity Name

LIZ DEVELOPMENT CORP.



Principal Place of Business

501 E. KENNEDY BLVD., #1700 TAMPA. FL 33602-4988 Mailing Address

501 E. KENNEDY BLVD., #1700 1250

TAMPA, FL 33602-4988

FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 90450 024 ***150.00



04222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2132238

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BOGGS, E. JACKSON 501 E. KENNEDY BLVD., #1700 1250

DO NOT WRITE IN THIS SPACE

1250 TAMPA, FI	L 33602			IN T	'HIS S	PACE	
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or registered :	agent, or both	n, in the State of	Florida. I am familia	r with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent signature required whe	n reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND DIRECT	CTORS	1 . P. C. 28			7 * 1 + 4 + 1 1 1 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, WILLIAM 101 E KENNEDY BLVD, 1250 TAMPA, FL 336025197			*			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS BOGGS, E JACKSON 501 E. KENNEDY BLVD., #1700 TAMPA, FL 33602		w				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LINDSEY, ELIZABETH 501 E. KENNEDY BLVD., #1700 TAMPA, FL 33602		angaran meneral di	DO	NOT V	VRITE	A Company of the second
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSEY, ELIZABETH 501 E. KENNEDY BLVD., #1700 TAMPA, FL 33602			. IN T	THIS S	PACE	
TITLE	•		*	· · ·	,		The state of

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

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Hard 28 2004