

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90023 003 ***150.00

DOCUMENT # G52596

1. Entity Name
DEVELOPMENT & COMMERCIAL PROPERTIES, INC.



Principal Place of Business
**1640 PERIWINKLE WAY, STE. 5
PO BOX 134
SANIBEL ISLAND, FL 33957**

Mailing Address
**1640 PERIWINKLE WAY, STE. 5
PO BOX 134
SANIBEL ISLAND, FL 33957**

94047148



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2309041

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRODEUR, RICHARD J.
1640 PERIWINKLE WAY
SUITE 5
SANIBEL ISLAND, FL 33957**

Name
Judy K. Brodeur
Street Address (P.O. Box Number is Not Acceptable)
1640 Periwinkle Way
Suite V
City
Sanibel Island FL Zip Code
33957

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 **Judy K. Brodeur**
Signature, typed or printed name of registered agent and title if applicable.

Judy K. Brodeur
(NOTE: Registered Agent signature required when reinstating)

4/5/04
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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BRODEUR, JUDY K.
987 SAND CASTLE ROAD
SANIBEL ISLAND, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**POST
Judy K. Brodeur
987 Sand Castle Road
Sanibel Island, Florida 33957** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BRODEUR, RICHARD J.
987 SAND CASTLE ROAD
SANIBEL ISLAND, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: **Judy K. Brodeur**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04 **239 472-1734**
Date Daytime Phone #