2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYP

NTED NAME OF SIGNING OFFIC

Mar 09, 2004 8:00 am Secretary of State **DOCUMENT # H13781** 03-09-2004 90015 025 ***150.00 FELLSMERE DEVELOPMENT CORPORATION, INC. Principal Place of Business Mailing Address 94026370 215 BAYTREE DRIVE 215 BAYTREE DRIVE MELBOURNE, FL 32910-0000 00 MELBOURNE, FL 32910-0000 00 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2495033 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name GLOVER, JOSEPH H Street Address (P.O. Box Number is Not Acceptable) 1825 S RIVERVIEW DR MELBOURNE, FL 32901 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD ☐ Delete TITLE Change ☐ Addition TITLE GLOVER, JOSEPH H. NAME NAME STREET ADDRESS 3109 S. MAIN STREET STREET ADDRESS MELBOURNE, FL CITY-ST-ZIP CITY-ST-ZIP \$D ☐ Delete TITLE Change ☐ Addition TITLE REINMAN, JAMES L. NAME NAME STREET ADDRESS 1825 S RIVERVIEW DR STREET ADDRESS CITY - ST - ZIP MELBOURNE, FL CITY-ST-ZIP Addition TITLE ☐ Delete Change ARMSTRONG, RAYMOND A. NAME 1331 S VALENTINE STREET STREET ADDRESS STREET ADDRESS MELBOURNE, FL CITY - ST - ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIE Delete Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 is received 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: 4

FILED

Daytime Phone #