2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # H28947 1. Entity Name 04-30-2004 90274 032 ***150.00 LOPER-GREENE DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 5336 BOLD VENTURE PLACE. 5336 BOLD VENTURE PLACE 94076715 WESLEY CHAPEL FL 33544 WESLEY CHAPEL FL 33544 .US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2474953 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOPER, EDWARD T. Street Address (P.O. Box Number is Not Acceptable) 5336 BOLD VENTURE PL WESLEY CHAPEL FL 33544 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 _ . 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition LOPER, EDWARD T NAME NAME 5336 BOLD VENTURE PL STREET ADDRESS STREET ADDRESS WESLEY CHAPEL FL 33544 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition HARRIGAN, KIMBERLY NAME NAME STREET ADDRESS 3955 WATERVIEW LOOP STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. It 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

John 4/28/04 8/3 907 538

FILED

Change

☐ Addition