


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H30928</b>	
1. Entity Name ESTATE DEVELOPMENT OPERATIONS, INC.	

Principal Place of Business 12669 SHINNECOCK CT 12669 SHINNECOCK CT JACKSONVILLE, FL 32225 US	Mailing Address 12669 SHINNECOCK CT 12669 SHINNECOCK CT JACKSONVILLE, FL 32225 US
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**DO NOT WRITE IN THIS SPACE**

04182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2466369	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CRAWFORD, JOHN R.  
225 WATER STREET, SUITE 900  
JACKSONVILLE, FL 32202

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEIM, RALPH W., JR. 12669 SHINNECOCK JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HEIM, RICHARD M. PEBBLE BEACH COTO DE CAZA, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT FOX, CATHERINE L. 14202 SAYBROOK FALLS CT JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS PITTMAN, MARTHA A. 1804 E WASHINGTON STREET THOMASVILLE, GA 31792
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000121270  
04/20/04-80043-021 150.00

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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: Catherine L Fox Director 4-18-04 (904) 992-8314

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