

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90215 007 ***150.00

DOCUMENT # H30928

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**

20042899



04172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2466369

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRAWFORD, JOHN R.
225 WATER STREET, SUITE 900 1200 Riverplace Blvd
JACKSONVILLE, FL 32202 32207**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

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 | |

**DO NOT WRITE
IN THIS SPACE**

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 4-18-05 (904) 994-8314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #