


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90007 038 ***150.00

DOCUMENT # H59588	
1. Entity Name DEVELOPERS CHOICE, INC.	

Principal Place of Business 840 N. JOHN YOUNG PKWY KISSIMMEE, FL 34741 US	Mailing Address 840 N. JOHN YOUNG PKWY KISSIMMEE, FL 34741 US
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44048162



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2549130	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent EATON, STEPHEN A 840 N. JOHN YOUNG PKWY KISSIMMEE, FL 34741

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

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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	PD EATON, STEPHEN A 1749 LEE JANZEN DRIVE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD EATON, PAMELA A 1749 LEE JANZEN DRIVE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Pamela A Eaton Pamela A Eaton 7-8-04 407-549-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #