2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 08:00 AM

	MITTOME	KEP OIL!		. · · ·	pr 22, -	
1. Edity Nam	MENT # H64405 E DEVELOPMENT CORPORA	ATION SO			Secret	tary of State
2221 LEE RI SUITE #28	ce of Business OAD UK, FL 32789 US	Mailing Address 2221 LEE ROAD SUITE #28 WINTER PARK, FL 32789	US			
C	OO NOT WRITE		CE	04112004 4. FEI Numb 59-256	No Chg-P CR	PE034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent						
LECCESE, SALVADOR F 2221 LEE ROAD SUITE #28 WINTER PARK, FL 32789			DO NOT WRITE IN THIS SPACE			
8. The above the obligat SIGNATURE	named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and to	The second secon	ed office or register Agent signature required	.1	oth, in the State of Florida.	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				00 May Be	0000001445 04/30/04-8014	348 18-017 158.75
10.	OFFICERS AND DIR	ECTORS			<u> </u>	
TITLE , NAME , STREET ADDRESS CITY-ST-ZIP TITLE NAME	P LECCESE, SALVADOR F 2221 LEE ROAD SUITE #28 WINTER PARK, FL 32789					
STREET ADDRESS CITY-ST-ZIP TITLE NAME	, , , , , , , , , , , , , , , , , , ,	. <u> </u>				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		······································		**-	NOT WRIT	

12. I hereby certify that the information supplied with this filling 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 by 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY -ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> Klen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-64 Dete

407-145-5575 Dayling Phone #