


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H91362</b> 1. Entity Name <b>DEVELOPMENT INVESTMENTS, INC.</b>	
--	---

<b>Principal Place of Business</b> 300 E SUGARLAND HWY P O BOX 1237 CLEWISTON, FL 33440	<b>Mailing Address</b> 300 E SUGARLAND HWY P O BOX 1237 CLEWISTON, FL 33440
--	--



04142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2619339</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

**6. Name and Address of Current Registered Agent**

YAUN, JOHN A.  
848 WEST VENTURA AVENUE  
CLEWISTON, FL 33440

**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 \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000130651  
04/26/04-80127-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COUSE, MILLER 300 E SUGARLAND HWY CLEWISTON, FL 33440
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ORTEGA, TUESDAY R 300 E SUGARLAND HWY CLEWISTON, FL 33440
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WOOD, RANDALL N 300 E SUGARLAND HWY CLEWISTON, FL
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP WEBB, JACK D 300 E SUGARLAND HWY CLEWISTON, FL 33440
--	---

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Randall N Wood* **RANDALL N WOOD** 4/16/04 863 983 8191