

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90413 017 \*\*\*150.00

**DOCUMENT # H95274**

1. Entity Name

MLB DEVELOPMENT CORPORATION



Principal Place of Business

860 SR 434 N  
STE 7  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

860 SR 434 N  
STE 7  
ALTAMONTE SPRINGS FL 32714  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2625217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODMAN, LAUREN B  
860 SR 434 N STE 7  
ALTAMONTE SPRINGS FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	GOODMAN, MICHEAL A	
STREET ADDRESS	860 SR 434 N STE 7	
CITY-ST-ZIP	ALTAMONTE SPRGS. FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	GOODMAN, MICHAEL A	
STREET ADDRESS	860 SR 434 N STE 7	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOODMAN, LAUREN B	
STREET ADDRESS	860 SR 434 N STE 7	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GOLD, SCOTT H	
STREET ADDRESS	860 SR 434 N STE 7	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an other like empowered.

**SIGNATURE:** *Lauren B. Goodman President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/04 407-288-6555