2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF

Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # J56986** 1. Entity Name 04-28-2004 90232 030 ***150.00 E.E. DEVELOPMENT COMPANY, INC. Principal Place of Business Mailing Address % ERIC M. HALL % ERIC M. HALL 1956 LANIER COURT 1956 LANIER COURT WINTER PARK, FL 32792 WINTER PARK, FL 32792 2. Principal Place of Business 3. Mailing Address <u>Eric M.</u> HALI Suite, Apt. #, etc. Suite, Apt. #, etc. 03242004 CR2E034 (10/03) 27 GRAND RESERVE DR City & State Applied For City & State 4. FEI Number HAVEN PORT 59-2756240 Not Applicable Country 4.54 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALL, ERIC M. 1956 LANIER COURT Street Address (P.O. Box Number is Not Acceptable) WINTER PARK, FL 32792 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HALL, ERIC M. NAME STREET ADDRESS 1956 LANIER COURT STREET ADDRESS WINTER PARK, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TILE ☐ Delete TITLE Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change KAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP 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:**

OFFICER OR DIRECTOR

FILED