2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 22, 2004 8:00 am DOCUMENT # K89864 **Secretary of State** 1. Entity Name 03-22-2004 90301 014 \*\*\*158.75 GR DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 5672 STRAND CT 5672 STRAND CT 94034338 **STF #1** STE #1 NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 65-0112088 Not Applicable Zip Country 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 Name KELLY, JANET Street Address (P.O. Box Number is Not Acceptable) 5672 STRAND CT STE #1 NAPLES FL 34110 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. VICE PRESIDENT ☐ Delete Addition TITLE TITLE HARDY ROBERT PAUL 1 5672 Strand Countisute 1 NAPLES FZ 34110 HARDY, ROBERT PAUL. NAME NAME 5692 STRAND CT #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP ☐ Addition PD Delete TITLE TITLE HARDY, ROBERT S. NAME NAME STREET ADDRESS STREET ADDRESS 5692 STRAND CT #3 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 ■ Addition TITLE ST ☐ Delete Change NAME NAME KELLY, JANET STREET ADDRESS STREET ADDRESS 5672 STRAND CT #1 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 TITLE ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIANE KELY TRASURE 3/11/04 (234)597-9850

Bayline AND DEFE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Days Days Days Phone #

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