

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90071 013 ****50.00

DOCUMENT # L01000011007

1. Entity Name
STOCK DEVELOPMENT, LLC



Principal Place of Business
5692 STRAND CT.
NAPLES, FL 34110

Mailing Address
5692 STRAND CT.
NAPLES, FL 34110

24060100

2. Principal Place of Business

4501 Tamiami Tr
Suite, Apt. #, etc.
Suite 300

3. Mailing Address

4501 Tamiami Tr
Suite, Apt. #, etc.
Suite 300



04252004 Chg-LLC CR2E083 (10/03)

City & State

Naples FL

City & State

Naples FL

Zip

34103

Country

Zip

34103

Country

4. FEI Number
59-3740488

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, KEVIN G
4001 TAMIAMI TRAIL NORTH, STE. 300
NAPLES, FL 34103

7. Name and Address of New Registered Agent

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

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME STOCK, KENNETH C
STREET ADDRESS 5692 STRAND CT.
CITY-ST-ZIP NAPLES, FL 34110

TITLE MGRM ☐ Delete
NAME STOCK, BRIAN
STREET ADDRESS 5692 STRAND CT.
CITY-ST-ZIP NAPLES, FL 34110

TITLE V ☐ Delete
NAME BLACK, BRAD J
STREET ADDRESS 5692 STRAND CT.
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM, Director ☒ Change ☐ Addition
NAME
STREET ADDRESS 4501 Tamiami Tr., Suite 300
CITY-ST-ZIP Naples, FL 34103

TITLE MGRM, Director, President ☒ Change ☐ Addition
NAME
STREET ADDRESS 4501 Tamiami Tr., Suite 300
CITY-ST-ZIP Naples, FL 34103

TITLE VP, Director ☒ Change ☐ Addition
NAME
STREET ADDRESS 4501 Tamiami Tr., Suite 300
CITY-ST-ZIP Naples, FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Susan Pankratz

4-28-04

239-592-7344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Susan Pankratz