

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90207 034 \*\*\*150.00

DOCUMENT # L26853

1. Entity Name

FIRST NATIONWIDE DEVELOPMENT CORP.



Principal Place of Business

~~970 NORTH CONGRESS AVE~~  
WEST PALM BEACH FL 33409  
US

Mailing Address

~~970 NORTH CONGRESS AVE~~  
WEST PALM BEACH FL 33409  
US

2. Principal Place of Business

1000 NORTH CONGRESS AVE

Suite, Apt. #, etc.

1 SUITE H

3. Mailing Address

1000 NORTH CONGRESS AVE.

Suite, Apt. #, etc.

SUITE H

City & State

WEST PALM BEACH, FL

Zip  
33409

Country

City & State

WEST PALM BEACH, FL

Zip  
33409

Country

4. FEI Number

65-0159994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUDE, HARALD

~~970 NORTH CONGRESS AVE~~  
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name

DUDE, HARALD

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

1000 NORTH CONGRESS AVE., SUITE H

City

WEST PALM BEACH

FL

Zip Code

33409

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]* HARALD DUDE, PRESIDENT

APRIL 20, 2004

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 D ☐ Delete  
NAME DUDE, HARALD  
STREET ADDRESS ~~970 NORTH CONGRESS AVE~~  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D.P ☐ Change ☐ Addition  
NAME DUDE, HARALD  
STREET ADDRESS 1000 NORTH CONGRESS AVE., SUITE H  
CITY-ST-ZIP WEST PALM BEACH, FL 33409

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

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

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARALD DUDE, PRESIDENT APRIL 20, 2004 (561) 712-4622

Date

Daytime Phone #