## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 16, 2004 8:00 am Secretary of State DOCUMENT # L58907 04-16-2004 90109 005 \*\*\*150 00 1. Entity Name BBA DEVELOPMENT CORP. Mailing Address Principal Place of Business 24044646 12500 HUNTERS RIDGE DR 12500 HUNTERS RIDGE DR BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 33923 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04122004 Chg-P Applied For City & State City & State 4. FEI Number 65-0191438 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUPRICH, DONALD GL Street Address (P.O. Box Number is Not Acceptable) 12500 HUNTERS RIDGE DR BONITA SPRINGS, FL 34135 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) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. • 11. ☐ Delete ☐ Addition TITLE TITLE STREET, HA NAME NAME 339 WEST MAIN ST STREET ADDRESS STREET ADDRESS **GRUNDY, VA 24614** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change TITLE FOWLER, GAYNELL NAME NAME RT E BOX263 STREET ADDRESS 28201 Alfred Moore Ct. STREET ADDRESS CITY-ST-ZIP MOORE HAVEN, FL CITY-ST-ZIP Bonita Springs, FL 34135 Delete TITLE TITLE Change ☐ Addition HUPRICH, DONALD G \_\_\_\_\_ NAME NAME STREET ADDRESS 142 FORESTWOOD DR STREET ADDRESS 6730 Mill Run Circle NAPLES, FL CITY-ST-ZIP CITY-ST-ZIP Naples. FL 34109-7200 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP.... CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Anald 6. Huprich Donald G. Huprich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**