2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000044641

1. Entity Name
LIONSGATE DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
27 S. ORCHARD ST, STE. B ORMOND BEACH, FL 32174	27 S. ORCHARD ST, STE. B ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

01292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3645794

Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, DONALD E ESQ
DONALD E. HAWKINS, P.A.
501 S. RIDGEWOOD AVE.
DAYTONA BEACH, FL 32114

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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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

	PD
NAME	VISCOMI, VINCENT
STREET ADDRESS	27 S. ORCHARD ST, STE. B
CITY-ST-ZIP	ORMOND BEACH, FL 32174
	VD
NAME	HEFFERNAN, JOSEPH E JR
STREET ADDRESS	905 SHEEHY DR., STE. H
CITY-ST-ZIP	HORSHAM, PA 19044
	STD
NAME	VISCOMI, ANTHONY
STREET ADDRESS	27 S. ORCHARD ST, STE. B
CITY-ST-ZIP	ORMOND BEACH, FL 32174
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[illegible] 033219
[illegible] 034 150.00

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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 an officer like empowered.

SIGNATURE: Vincent Viscomi 4/28/04 386/676-0105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #