


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90015 047 \*\*\*150.00

DOCUMENT # P0000054251			
1. Entity Name MCMURRICH DEVELOPMENT COMPANY, INC.			
Principal Place of Business % PARKS, TSCHOPP, WITCOMB & ORR 2600 MAITLAND CENTER PARKWAY, #330 MAITLAND, FL 32751		Mailing Address % PARKS, TSCHOPP, WITCOMB & ORR 2600 MAITLAND CENTER PARKWAY, #330 MAITLAND, FL 32751	
2. Principal Place of Business <i>Parks, De Filippo + Assoc.</i>		3. Mailing Address <i>McMurrich Dev. c/o Linda Parks</i>	
Suite, Apt. #, etc. <i>203 Lookout Pl, Ste A</i>		Suite, Apt. #, etc. <i>203 Lookout Pl, Ste A</i>	
City & State <i>Maitland, FL</i>		City & State <i>Maitland, FL</i>	
Zip <i>32751</i>	Country	Zip <i>32751</i>	Country
4. FEI Number <b>59-3652664</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  HAYES, GEORGE L III 5959 CENTRAL AVE., #104 ST. PETERSBURG, FL 33710		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LORENZOTTI, GUIDO 5959 CENTRAL AVENUE, #104 SAINT PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PARKS, LINDA G.T. 2600 MAITLAND CENTER PARKWAY, #330 MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>203 Lookout Pl, Ste A</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROMMELT, VEIT DR 5959 CENTRAL AVENUE, #104 ST. PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROSS, LARRY D P.O. BOX 1980 MORRISTOWN, NJ 07962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAYES, GEORGE L III 5959 CENTRAL AVE., #104 ST. PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		Date: <i>2-18-04</i> Daytime Phone #: <i>(407) 539-1330</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	