2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90342 009 ***150.00

DOCUMENT # P00000064263

1. Entity Name
DEVELOPMENT ADVISORS, INC.

Principal Place of Business	Mailing Address
~~3701 S OSPREY AVE~~ 1819 Main Street ~~SARASOTA, FL 34239~~ Suite 110 Sarasota, FL 34238	5872 HELICON PLACE SARASOTA, FL 34238

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1819 Main Street		5872 Helicon Place	
Suite, Apt. #, etc. 110		Suite, Apt. #, etc.	
City & State: Sarasota, Florida		City & State: Sarasota, FL	
Zip: 34236	Country: U.S.	Zip: 34238	Country: U.S.

4. FEI Number: 65-1067544 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARLAND, ~~BRENDA L~~
~~3701 S OSPREY AVE~~
~~SARASOTA, FL 34239~~
1819 Main Street
Suite 110
Sarasota, FL 34236

7. Name and Address of New Registered Agent

Name: Brenda L. Garland
Street Address (P.O. Box Number is Not Acceptable): 1819 Main Street
Suite 110
City: Sarasota FL Zip Code: 34236

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARLAND, ~~BRENDA L~~ ~~3701 S OSPREY AVE~~ SARASOTA, FL 34239 ☐ Delete > address Change	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Garland, Brenda L. 1819 Main Street Suite 110 Sarasota, FL 34236 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: Brenda L. Garland — 4-27-03 — 941-929-7141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #