


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90022 035 \*\*\*150.00

<b>DOCUMENT # P00000087075</b>	
1. Entity Name <b>DOUVILLE DEVELOPMENT, INC.</b>	

Principal Place of Business <b>425 SEQUOIA DR WEST PALM BEACH FL 33409</b>	Mailing Address <b>425 SEQUOIA DR WEST PALM BEACH FL 33409</b>
---	---

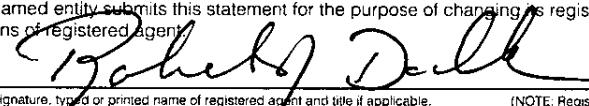
2. Principal Place of Business <b>788 Park Shore Dr</b> Suite, Apt. #, etc. <b>C-23</b> City & State <b>Naples FL</b> Zip <b>34103</b> Country <b>Collier</b>	3. Mailing Address <b>788 Park Shore Dr</b> Suite, Apt. #, etc. <b>C-23</b> City & State <b>Naples FL</b> Zip <b>34103</b> Country <b>Collier</b>
---	---



MOORE CR2E034 (11/03)

4. FEI Number <b>65-1044743</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DOUVILLE, ROBERT J 111 CYPRES TRACE WEST PALM BEACH FL 33411</b>	
7. Name and Address of New Registered Agent Name <b>Douville Robert J</b> Street Address (P.O. Box Number is Not Acceptable) <b>788 Park Shore Dr - C-23</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34103</b>	

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.

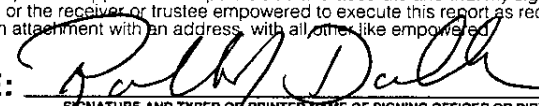
SIGNATURE  DATE **2-29-2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DOUVILLE, ROBERT J 825 S SEQUOIA DR WEST PALM BEACH FL 33409</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>788 Park Shore Dr. C-23 Naples FL 34103</b> <input checked="" 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
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
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
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
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:  DATE **2-29-2004** 561-346-7713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR