


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000094369
1. Entity Name
CDS LAND DEVELOPMENT INC.



Principal Place of Business
8122 SE SHILOH TERRACE
HOBE SOUND, FL 33455

Mailing Address
8122 SE SHILOH TERRACE
HOBE SOUND, FL 33455

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01072004 No Chg-P CR2E034 (10/03)

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|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number 65-1047221 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
TUCKER, JAMES B
8122 SE SHILOH TERRACE
HOBE SOUND, FL 33455

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

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

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03/29/04-80028-002 150.00

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|---------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT TUCKER, JAMES B 8122 SE SHILOH TERRACE HOBE SOUND, FL 33455 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS GEDRIS, CHRISTOPHER 369 SW KESTOR DRIVE PORT SAINT LUCIE, FL 34953 |
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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)(f), 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: 3/24/04 DAYTIME PHONE: 772-546-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #