2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000101387

1. Entity Name

THE KERWIN DEVELOPMENT COMPANY



Principal Place of Business

SIGNATURE:

Mailing Address

2109 MEADOWBROOK DRIVE CLEARWATER FL 33759

2. Principal Place of Business	3. Mailing Address	*
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Apr 23, 2004 8:00 am Secretary of State

04-23-2004 90213 011 ***150.00

54039390



4-21-04

Date

127-799-5293

CR2E034 (11/03)

City & State	9	City & State		4. FEI Number 59-3683296	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
		Name	Name				
KERWIN, TIMOTHY J 2109 MEADOWBROOK DRIVE CLEARWATER FL 33759		Street Address (P.O. Box Number is Not Acceptable)					
		,	City	FL	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.							
0.01.47.185							
SIGNATURE.	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: F	Registered Agent signature requ	uired when reinstating) DATE			
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FILE NOW!!! FEE IS \$150.00 After May 1; 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		Change 🔲 Addition		
NAME	KERWIN, TIMOTHY J		NAME				
STREET ADDRESS	2109 MEADOWBROOK DRIVE	•	STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33759		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	· L	Change Addition		
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CITY-ST-ZIP			CITY-ST-ZIP				
				0 0 110 07(0)(2) Ft 11 00 11 12 17 27			
12. Thereby 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							

PRESIDENT

TIMOTHY J. KEEWIN