

FILED
Jun 01, 2004 8:00 am
Secretary of State

04-30-2004 90323 044 ****50.00
 06-01-2004 90006 034 ***100.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000106564 1. Entity Name STOCK DEVELOPMENT ASSOCIATES, INC.			
Principal Place of Business 5692 STRAND COURT, SUITE #1 NAPLES, FL 34110		Mailing Address 5692 STRAND COURT, SUITE #1 NAPLES, FL 34110	
2. Principal Place of Business 4501 Tamiami Tr Suite, Apt. #, etc. Suite 300 City & State Naples FL Zip 34103		3. Mailing Address 4501 Tamiami Tr Suite, Apt. #, etc. Suite 300 City & State Naples FL Zip 34103	
4. FEI Number 59-3682383		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLEMAN, ESQ., KEVIN G GOODLETTE, COLEMAN & JOHNSON, P.A. 4001 TAMIAAMI TR N, STE 300 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name 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. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME STOCK, K. C. STREET ADDRESS 5692 STRAND COURT, SUITE #1 CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE VP, Director NAME 4501 Tamiami Tr, Suite 300 STREET ADDRESS Naples, FL 34103 CITY-ST-ZIP Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME STOCK, BRIAN K STREET ADDRESS 5692 STRAND COURT, SUITE #1 CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE VP, Director NAME 4501 Tamiami Tr, Suite 300 STREET ADDRESS Naples, FL 34103 CITY-ST-ZIP Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP NAME BLACK, BRAD STREET ADDRESS 5692 STRAND COURT, SUITE #1 CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE VP, Director NAME 4501 Tamiami Tr, Suite 300 STREET ADDRESS Naples, FL 34103 CITY-ST-ZIP Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME WEBER, BETH STREET ADDRESS 5692 STRAND COURT, SUITE #1 CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME HOULDSWORTH, SANDRA J STREET ADDRESS 5692 STRAND COURT, SUITE #1 CITY-ST-ZIP NAPLES, FL 34110	<input checked="" 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: <u>Susan Pankratz</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Susan Pankratz		Date 4-28-04 Daytime Phone # 239-592-7344	

54056117



04252004 Chg-P CR2E034 (10/03)



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 11, 2004

STOCK DEVELOPMENT ASSOCIATES, INC.
4501 TAMiami TrL.
STE. 300
NAPLES, FL 34103

Subject: **STOCK DEVELOPMENT ASSOCIATES, INC.**

Reference Number: **P00000106564**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$100.00.

List the street address of each officer/director listed on the report or on an attachment.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/mw

ANNUAL REPORTS SECTION