

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90487 008 ***150.00

DOCUMENT # P00000113377



1. Entity Name
AKE DEVELOPMENT, INC.

Principal Place of Business
**201 E. NEW HAVEN AVE.
MELBOURNE FL 32901**

Mailing Address
**201 E. NEW HAVEN AVE.
MELBOURNE FL 32901**

60006593



2. Principal Place of Business
712 PALMETTO AVENUE
Suite, Apt. #, etc.

3. Mailing Address
712 PALMETTO AVENUE
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MELBOURNE FL.

City & State
MELBOURNE FL.

4. FEI Number
59-3693027

Applied For
Not Applicable

Zip Country
32901

Zip Country
32901

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ENGLE, C. DOUGLAS
201 E. NEW HAVEN AVE.
MELBOURNE FL 32901**

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, 2003 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 DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ENGLE, C. DOUGLAS	
STREET ADDRESS	201 E. NEW HAVEN AVE.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALBRIGHT, JR, JAMES C	
STREET ADDRESS	P O BOX 644	
CITY-ST-ZIP	MELBOURNE FL 32902	
TITLE	D	<input type="checkbox"/> Delete
NAME	KESSEL, KIRK W	
STREET ADDRESS	1332 DESOTO ST	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____

James C. Albright Jr. V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES C. ALBRIGHT JR. V.P.

1/8/03 (321) 725-1800
Date Daytime Phone #

CR2E034 (10/02)