

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90017 049 ***150.00

DOCUMENT # P01000046126

1. Entity Name
AN DEVELOPMENT, INC.



Principal Place of Business
4300 WEST CYPRESS STREET
SUITE 150
TAMPA, FL 33607 US

Mailing Address
4300 WEST CYPRESS STREET
SUITE 150
TAMPA, FL 33607 US

94028002



02282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3731144

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEINER, ALFRED F II
4300 WEST CYPRESS ST
STE 150
TAMPA, FL 33607

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME STEINER, ALFRED F II
STREET ADDRESS 4300 WEST CYPRESS ST STE 150
CITY-ST-ZIP TAMPA, FL 33607

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CITY-ST-ZIP

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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)(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 an other like empowered.

SIGNATURE: ALFRED F. STEINER II **2.2.04** / **813 671 5343**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #