## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OPFICER OR DIRECTOR

## Mar 19, 2004 8:00 am DOCUMENT # P01000061593 **Secretary of State** 1. Entity Name 03-19-2004 90031 023 \*\*\*150.00 BVH DEVELOPMENT-E, INC. Principal Place of Business Mailing Address 1840 PHILLIPPI SHORES DR. P.O. BOX 20708 SARASOTA FL 34231 SARASOTA FL 34276 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-1122342 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEIDER. WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE SARASOTA FL 34235 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition MORRIS, ROBERT JR NAME NAME STREET ADDRESS 1840 PHILLIPPI SHORES DRIVE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME CARRION, JAIME S NAME 3665 BEE RIDGE ROAD SUITE 310 STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MCSWEENEY, ANINA C NAME STREET ADDRESS 3665 BEE RIDGE ROAD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

MORRIS, JR

FILED