

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90166 033 ***150.00

DOCUMENT # P01000077227

1. Entity Name
THE THIRTY-A DEVELOPMENT GROUP, INC.



Principal Place of Business
**52 BARCELONA
SEA GROVE, FL 32459**

Mailing Address
**POST OFFICE BOX 4738
SEA SIDE, FL 32459**

34052368



2. Principal Place of Business
P.O. Box 4738

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062004 Chg-P CR2E034 (10/03)

City & State
Seaside, FL

City & State

4. FEI Number
59-3737019

Applied For
Not Applicable

Zip
32459

Country
USA

Zip Country

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

**LYDOLPH, PAUL III
4942 HWY 98
SUITE 5
SANTA ROSA BEACH, FL 32459**

Name
Shannon L. Porath, Esq.

Street Address (P.O. Box Number is Not Acceptable)

560 Spires Ln #16A

City
Santa Rosa Beach FL

Zip Code
32459

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 **Shannon L. Porath, Attorney**

4/6/04

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KEA, R. ALLAN
250 N ANDOLOSIA AVE
SEAGROVE BEACH, FL 32459**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BOTTEMS, RITA
PO BOX 4738
SEASIDE, FL 32459**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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: **Rita Bottems**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/04 830-6655