


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P02000015543</b>  |  |
| 1. Entity Name<br>NATIONAL DEVELOPMENT OF AMERICA<br>MANAGEMENT, INC. |   |

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|--|--|
| Principal Place of Business<br>1520 ROYAL PALM SQUARE BLVD SUITE 360<br>FORT MYERS, FL 33919 | Mailing Address<br>1520 ROYAL PALM SQUARE BLVD SUITE 360<br>FORT MYERS, FL 33919 |
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04232004 No Chg-P CR2E034 (10/03)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>75-2997231  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>ARNOLD, BOWEN A ESQ.<br>1520 ROYAL PALM SQUARE BLVD<br>SUITE 360<br>FORT MYERS, FL 33919 |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>ARNOLD, BOWEN A<br>1520-360 ROYAL PALM SQ. BLVD<br>FORT MYERS, FL 33919   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TSDV<br>MILLER, ERIC C<br>1520-360 ROYAL PALM SQ. BLVD<br>FORT MYERS, FL 33919 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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4/30/04-80109-012 150.00

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.

|   |                |              |
|---|----------------|--------------|
| <b>SIGNATURE:</b> <u>BOWEN A ARNOLD PRES</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | April 23, 2004 | 239.275.8029 |
|---|----------------|--------------|