


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000072108
1. Entity Name
LUTZ DEVELOPMENT PARTNERS, INC.



Principal Place of Business 15009 N. FLORIDA AVENUE SUITE 409 TAMPA, FL 33613	Mailing Address 15009 N. FLORIDA AVENUE SUITE 409 TAMPA, FL 33613
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01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 54-2063170	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent

HOBBS, ROBERT S
3719 SWANN AVENUE
TAMPA, FL 33613

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000054964
02/17/04-80016-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCAGLIONE, RONALD E 15009 N. FLORIDA AVE # 409 TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, WILLIAM 15009 N. FLORIDA AVE # 409 TAMPA, FL 33613
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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)(f), 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: _____ Date: 2/10/04 Daytime Phone #: 813-958-8211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR