2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2004 08:00 AM **DOCUMENT # P02000094439** Secretary of State CASTLE BROOK DEVELOPMENT, INC. Principal Place of Business Mailing Address 108 INDUSTRIAL LOOP NORTH 108 INDUSTRIAL LOOP NORTH ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 %F...,500/5F& No Cha-P CR2E034 (10/03) 01222004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3082930 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COGDILL, JOHN J DO NOT WRITE 108 INDUSTRIAL LOOP NORTH ORANGE PARK, FL 32073 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) Signature, typed or crinted name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U000000026055 Trust Fund Contribution. Added to Fees 402,404-80130-005 ISO.00 OFFICERS AND DIRECTORS 10. TITLE COGDILL, JERRY NAME STREET ADDRESS 2638 COUNTRY ROAD 220 CITY-57-ZIP MIDDLEBURG, FL 32068 Ð MLE COGDILL, MICHAEL J HAME 3076 ANDERSON ROAD STREET ADDRESS GREEN COVE SPRINGS, FL 32043 CITY-ST-ZIP BILE COGDILL, JOHN J 3054 APALACHICOLA BLVD STREET ADDRESS DO NOT WRITE CTY-ST-ZP MIDDLEBURG, FL 32068 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZP NAME STREET ADDRESS CITY -ST-ZIP BALE NAME

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 807, 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:

STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30/04 (954) 264-0800

FILED