


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2004 90197 027 ***150.00

DOCUMENT # P02000099781 1. Entity Name N.T.O. DEVELOPMENT COMPANY					
Principal Place of Business 503 N. ORLANDO AVE STE 105 COCOA BEACH, FL 32931			Mailing Address 503 N. ORLANDO AVE STE 105 COCOA BEACH, FL 32931		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 82-0564871	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHOEMAKER, JOHN B 503 N. ORLANDO AVE STE 105 COCOA BEACH, FL 32931				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <input type="checkbox"/> Delete P NAME KODSI, ALBERT STREET ADDRESS 503 N. ORLANDO AVE STE 105 CITY-ST-ZIP COCOA BEACH, FL 32931			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete VP NAME SHOEMAKER, JOHN B STREET ADDRESS 503 N. ORLANDO AVE STE 105 CITY-ST-ZIP COCOA BEACH, FL 32931			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice Pres NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete VP, T NAME COHEN, ODED STREET ADDRESS 4432 PARKWAY COMMERCE BLVD CITY-ST-ZIP ORLANDO, FL 32808			TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP, T NAME COHEN, ODED STREET ADDRESS 4432 Parkway Commerce Blvd CITY-ST-ZIP Orlando, FL 32808		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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.					
SIGNATURE: <u>JOHN B SHOEMAKER</u> <u>4/23/04</u> <u>407 294 7931</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					