2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000114571

1. Entity Name
ST. CLARE DEVELOPMENT & PROPERTY MANAGEMENT COMPANY, INC.

Principal Place of Business

Mailing Address

548 S. HIGHWAY 27, SUITE C CLERMONT, FL 34711

548 S. HIGHWAY 27, SUITE C CLERMONT, FL 34711

FILED Apr 19, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04142004 No Chg-P		CR2E034 (10/03)		
4. FEI Number 04-3720063			Applied For	
			Not Applicable	

\$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

HESSBURG, DANIEL J 548 S. HIGHWAY 27, SUITE C CLERMONT, FL 34711

SIGNATURE:

SIGNATURE AND TYPED OF

DO NOT WRITE 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_ Signature typed or printed name of registered agent and tritle 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		Election Campaign Finan: Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			<u> </u>		
NTLE NAME STREET ADDRESS CITY-ST-ZIP	D HESSBURG, DANIEL J 548 S. HIGHWAY 27, SUITE C CLERMONT, FL 34711				U00000119573 04/19/04-80106-011 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAFF, MARK J 548 S. HIGHWAY 27, SUITE C CLERMONT, FL 34711						
title Name Street address City+St-Zip				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY: ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling 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 eath, 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 in an address, with all other like empowered.							

NTED NAME OF SIGNING OFFICER OR DIRECTOR