2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State
03-16-2004 90038 004 ***150.00

94030297

MOORE CR2E034 (11/03)

DOCUMENT # P02000132718

1. Entity Name

ALANA DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
~~216~~ 212 REDFISH CREEK DRIVE ST. AUGUSTINE FL 32095	~~216~~ 212 REDFISH CREEK DRIVE ST. AUGUSTINE FL 32095

2. Principal Place of Business	3. Mailing Address
212 Redfish Creek Dr	212 Redfish Creek Dr
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: St. Augustine, FL	City & State: St. Augustine FL
Zip: 32095 Country: US	Zip: 32095 Country: US

4. FEI Number 56-2305682 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DROPPS, ALLEN D
~~216~~ 212 REDFISH CREEK DRIVE
ST. AUGUSTINE FL 32095

7. Name and Address of New Registered Agent

Name: Allen Dropps
Street Address (P.O. Box Number is Not Acceptable): 212 Redfish Creek Dr
City: St. Augustine FL Zip Code: 32095

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 3/5/04
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DROPPS, ALLEN D	NAME	
STREET ADDRESS	216 REDFISH CREEK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	CITY-ST-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DROPPS, ANA	NAME	
STREET ADDRESS	216 REDFISH CREEK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Allen D. Dropps 3-15-04 904-669-6414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #