

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 22 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01/19/2004 Chg-P CR2E034 (10/03)

| | | | |
|---|--|--|--|
| DOCUMENT # P03000000458 | | | |
| 1. Entity Name GREGG DEVELOPMENT OF NAPLES, INC. | | | |
| Principal Place of Business SUNTRUST CENTRE-SUITE 204 950 N COLLIER BLVD MARCO ISLAND, FL 34145 | | Mailing Address SUNTRUST CENTRE-SUITE 204 950 N COLLIER BLVD MARCO ISLAND, FL 34145 | |
| 2. Principal Place of Business 40 U.S. Tax Accounting Inc 869 B 97th Ave N. | | 3. Mailing Address 40 U.S. Tax Accounting Inc 869 B 97th Ave N. | |
| Suite, Apt. #, etc. 869 B 97th Ave N. | | Suite, Apt. #, etc. 869 B 97th Ave N. | |
| City & State Naples, FL | | City & State Naples, FL | |
| Zip 34108 | | Zip 34108 | |
| Country USA | | Country USA | |
| 4. FEI Number | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TUCKER, E GLENN SUNTRUST CENTRE-SUITE 204 950 N COLLIER BLVD MARCO ISLAND, FL 34145 | | 7. Name and Address of New Registered Agent Name Jay D. Hillis 40 U.S. Tax Accounting Inc Street Address (P.O. Box Number is Not acceptable) 869 B 97th Ave N City Naples FL Zip Code 34108 | |
| 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 1/18/04 | |
| 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 NAME STREET ADDRESS CITY ST ZIP | P.S.D Paul Gregg PO Box 16 Dxford, England <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 800030948678 03/23/04--01108--002 **\$350.00 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | VP & D Anita Gregg PO Box 16 Dxford, England <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | Assistant VP Jay Hillis 40 U.S. Tax Accounting Inc 869 B 97th Ave N, Naples, FL 34108 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 a other like empowered. | | | |
| SIGNATURE: | | Date: 1/18/04 239597009 | |
| SIGNATURE AND PRINTED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR | | Date and Phone # | |