## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

nent with an address, with all other like empowered.

## Secretary of State **DOCUMENT # P03000009784** 05-05-2004 90209 049 \*\*\*150.00 1. Entity Name SUCCESSFUL DEVELOPMENT, INC. Principal Place of Business Mailing Address 24071402 1337 21ST ST 1337 21ST ST. SARASOTA, FL 34234 SARASOTA, FL 34234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272004 Cha-P CR2E034 (10/03) 4. FEI Number City & State City & State Applied For 2101075 Not Applicable Zip Country Zip .Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAUGABOOK, JANELL Street Address (P.O. Box Number is Not Acceptable) 1337 21ST ST. SARASOTA, FL 34234 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΩ TITLE Delete TITLE Change Addition HAUGABOOK, JANELL NAME NAME 1337 21ST ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34234 CITY-ST-ZIP Change Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP -TITLE -☐ Delete ☐ Change ☐ Addition TITLE . . 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 ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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

FILED

May 05, 2004 8:00 am

Daytime Phone #

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