2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 25, 2004 8:00 am **Secretary of State DOCUMENT # P03000023778** 1. Entity Name 03-25-2004 90027 027 ***150.00 SUGARBOWL DEVELOPMENT COMPANY, INC. Principal Place of Business Mailing Address 2033 WOOD STREET STE 118 2033 WOOD STREET STE 118 SARASOTA, FL 34236 SARASOTA, FL 34236 3. Mailing Address 2. Principal Place of Business Suite. Apt. #, etc. Suite, Apt. #. etc. CR2E034 (10/03) 03232004 Chg-P 4. FEI Number Applied For City & State City & State <u> 56 - 2340023</u> Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TURNER, JAMES L Street Address (P.O. Box Number is Not Acceptable) 200 S ORANGE AVE SARASOTA, FL 34236 Zip Code City FL 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 (NO1E: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. President Addition Change TITLE ☐ Delete TITLE thomas G. Dabney, I NAME POBOX 5335 STREET ADDRESS STREET ADDRESS Sarasota, FL 34235 CITY - ST - ZIP CITY-ST-ZIP X Addition TITLE ☐ Change TITLE Delete Richard E. Turner, U.r NAME NAME 7044 Hawks Harborcir STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Bradenton, FL CITY-ST-ZIP Sec/Treasurer X Addition ☐ Change ☐ Delete TITLE TITLE James L. Turner NAME NAME 200 s. Orange ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ 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 changed, or on an attachment with an appears, with all other like empowered. SIGNATURE:

DIRECTOR

FILED