

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029741

**FILED**  
**May 02, 2004**  
**Secretary of State**

**Entity Name:** DEVELOPMENT PLANNING SOLUTIONS, INC.

**Current Principal Place of Business:**

2957 SUNSET RD.  
FT. MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2957 SUNSET RD.  
FT. MYERS, FL 33901

**New Mailing Address:**

106 HANCOCK BRIDGE PARKWAY  
UNIT D15-543  
CAPE CORAL, FL 33991

FEI Number: 65-1182046

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUBBARD, STEVEN W  
2320 FIRST ST., SUITE 1000  
FT. MYERS, FL 33901

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D ( ) Change (X) Addition  
Name: SICILIANO, BRUCE J  
Address: 2957 SUNSET ROAD  
City-St-Zip: FT. MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE SICILIANO

D

05/02/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date