


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90061 047 ***158.75

DOCUMENT # P03000037375	
1. Entity Name GAM DEVELOPMENT COMPANY	

Principal Place of Business 2361 BRIDGETTE WAY GREEN COVE SPRINGS, FL 32043	Mailing Address 2361 BRIDGETTE WAY GREEN COVE SPRINGS, FL 32043
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2. Principal Place of Business 1730 KINGSLEY AVE.	3. Mailing Address PO Box 1527
Suite, Apt. #, etc. Suite C	Suite, Apt. #, etc.
City & State Orange Park, FL	City & State Orange Park, FL
Zip 32073	Zip 32067
Country USA	Country USA



01122004 Chg-P CR2E034 (10/03)

4. FEI Number 16-1660060	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GLAZIER & GLAZIER, P.A. 8825 PERIMETER PARK BLVD. SUITE 504 JACKSONVILLE, FL 32216	7. Name and Address of New Registered Agent Name Calvin D. Petersen Street Address (P.O. Box Number is Not Acceptable) 1730 Kingsley Ave. Suite C City Orange Park, FL Zip Code 32073
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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.

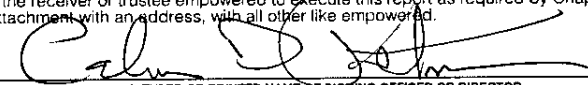
SIGNATURE **Calvin D. Petersen, Pres.**  DATE **2/10/04**

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																	
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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:  DATE **2/10/04** 904-264-2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Calvin D. Petersen, Pres.

Date Daytime Phone #