


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-17-2004 90020 001 ***150.00

DOCUMENT # P03000073290		
1. Entity Name PHASE TWO-DRP DEVELOPMENT, INC.		
Principal Place of Business 3998 FAU BLVD., #307 BOCA RATON, FL 33431	Mailing Address 3998 FAU BLVD., #307 BOCA RATON, FL 33431	
2. Principal Place of Business	3. Mailing Address	

66403601



3701 FAU Boulevard, Suite 205
Boca Raton, FL 33431

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Boca Raton, FL 33431

01082004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0086067	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 MACLAREN, LINDA O 798 SOUTH FEDERAL HWY., STE. 100 BOCA RATON, FL 33432 <i>TL A W</i>	7. Name and Address of New Registered Agent Name: <i>Thomas A. Head</i> Street Address: <i>3701 FAU Boulevard, Suite 205</i> <i>Boca Raton, FL 33431</i> FL Zip Code
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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: *Thomas A. Head* (NOTE: Registered Agent signature required when reinstating) DATE: *1/26/04*

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: *TL A W* *Thomas A Head* 1/26/04 561-343-6915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiry Phone #