


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90210 049 \*\*\*158.75

<b>DOCUMENT # P03000082268</b>					
<b>1. Entity Name</b> COURTNEY ESTATES DEVELOPMENT, INC.					
<b>Principal Place of Business</b> 100 COLONIAL CENTER PARKWAY SUITE 470 LAKE MARY, FL 32746			<b>Mailing Address</b> 100 COLONIAL CENTER PARKWAY SUITE 470 LAKE MARY, FL 32746		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
<b>6. Name and Address of Current Registered Agent</b>  O'KEEFE, DANIEL T 300 SOUTH ORANGE AVENUE SUITE 1000 ORLANDO, FL 32801-5403			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
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	
			MGR GERALD J. OGIER 216 Hob Hill Circle Longwood, FL 32779		
			MGR JOHN SCHAFFER 3138 Winding Pine Trail Longwood, FL 32779		
			MGR DAVID G. MCDANIEL 203 Vista Oaks Drive Longwood, FL 32779		
			MGR MARK OGIER 616 GRAND CYPRESS POINT SANFORD, FL 32771		
<b>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.</b>					
<b>SIGNATURE:</b> <u>John Schaffer</u> <b>JOHN SCHAFFER</b> <u>3-11-04</u> <u>407-333-0066</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					