
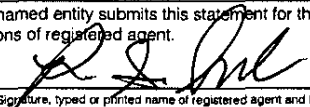
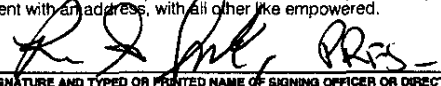


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-27-2004 90030 017 \*\*\*150.00

<b>DOCUMENT # P03000093802</b> 1. Entity Name <b>BUILD TO SUIT DEVELOPERS, INC.</b>			
Principal Place of Business <b>1120 PALMETTO AVENUE MELBOURNE, FL 32901</b>		Mailing Address <b>1120 PALMETTO AVENUE MELBOURNE, FL 32901</b>	
2. Principal Place of Business <b>1804 RIVERVIEW DR.</b>		3. Mailing Address <b>1804 RIVERVIEW DR.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>MELBOURNE, FL</b>		City & State <b>MELBOURNE, FL</b>	
Zip <b>32901</b>		Zip <b>32901</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>73-1681341</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, RON 1501 ROBERT CONLAN BLVD SUITE 250 PALM BAY, FL 32905</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1804 RIVERVIEW DRIVE</b> City <b>MELBOURNE</b> FL Zip <b>32901</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.  SIGNATURE  DATE <b>2-23-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, RON 1501 ROBERT CONLAN BLVD. SUITE 250 PALM BAY, FL 32905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STIVERS, JACIE 1120 PALMETTO AVENUE MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STIVERS, JIM 1120 PALMETTO AVENUE MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <b>2-23-04</b> Daytime Phone # <b>321-308-3050</b>	