


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90117 024 ***158.75

DOCUMENT # P03000104053 1. Entity Name ACHIEVE DEVELOPMENT INC					
Principal Place of Business 18151 HERON WALK DRIVE TAMPA, FL 33647 US			Mailing Address 19046 BRUCE B. DOWNS DMB #181 TAMPA, FLORIDA, FL 33647 US		
2. Principal Place of Business 12510 Memorial Hwy		3. Mailing Address Suite, Apt. #, etc.			
City & State Tampa FL		City & State Suite, Apt. #, etc.		09032004 Chg-P CR2E034 (10/03)	
Zip 33635		Country USA		4. FEI Number 20-025-2461	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HURDLE, NELSON 19046 BRUCE B DOWNS DMB #181 TAMPA, FL US			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HURDLE, NELSON H 19046 BRUCE B DOWNS BLVD #181 TAMPA, FL 33647	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HURDLE, VINEA 3902 CORPOREX PARK DRIVE SUITE 100 TAMPA, FL 33619	<input type="checkbox"/> Delete	S Hurdle, Vinea 3902 Corporex Park Drive Suite 100 Tampa, FL 33619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRIGHT, NAMON 1525 WESLEYAN RD DAYTON, OH 45406	<input type="checkbox"/> Delete	C/T Wright, Namon 12510 Memorial Hwy Tampa, FL 33635	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALLOWAY, DEAN A 3774 LANDAU LANE ATLANTA, GA 30331	<input type="checkbox"/> Delete	M Calloway, Dean 3774 Landau Lane ATL GA 30331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIPSON, LOVELACE 1043 TWINKLE TOWN ROAD MEMPHIS, TN 38116	<input type="checkbox"/> Delete	M Gipson, Lovelace 1043 Twinkle Town Rd, Memphis TN 38116	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	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: <i>Nelson Hurdle</i>			9/1/04 (813) 241-7266		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		