

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90015 018 \*\*\*150.00

<b>DOCUMENT # P03000115738</b> 1. Entity Name <b>FLORESOTA DEVELOPMENT INCORPORATED</b>					
Principal Place of Business <b>5191 MAHOGANY RIDGE DR NAPLES, FL 34119</b>			Mailing Address <b>5191 MAHOGANY RIDGE DR NAPLES, FL 34119</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>44051984</b> 	
City & State  Zip		City & State  Zip		4. FEI Number <b>83-0372183</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>GRUBBS, RYAN 661 LOGAN BLVD NAPLES, FL 34119</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>RYAN GRUBBS</b> Street Address (P.O. Box Number is Not Acceptable) <b>5191 MAHOGANY RIDGE DR</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34119</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 <b>Ryan Grubbs, Secretary</b> <b>8/6/04</b> DATE					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GRUBBS, RYAN</b> <b>661 LOGAN BLVD</b> <b>NAPLES, FL 34119</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GRUBBS, RYAN</b> <b>5191 MAHOGANY RIDGE DR.</b> <b>NAPLES, FL 34119</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCCARTY, STEPHEN</b> <b>5191 MAHOGANY RIDGE DR</b> <b>NAPLES, FL 34119</b>	<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:			<b>8/6/04</b> <b>6122218894</b> Date Daytime Phone #		