

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90011 032 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000115801

1. Entity Name
 TWIN PALMS DEVELOPMENT, INC.



Principal Place of Business
 1267 CLEBURNE DR.
 FT. MYERS, FL 33919

Mailing Address
 1267 CLEBURNE DR.
 FT. MYERS, FL 33919

54063469



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07162004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0314288

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LISZEWSKI, LEONARD L ESQ.
 2110 CLEVELAND AVE.
 FT. MYERS, FL 33901

Name

MARIANNE G. MCSWEENEY

Street Address (P.O. Box Number is Not Acceptable)

1267 CLEBURNE DRIVE

City

FT. MYERS

FL

Zip Code

33919

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

Marianne G. McSweeney

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when renouncing)

7/15/04

DATE

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$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 PD ☐ Delete
 NAME MCSWEENEY, MARIANNE G
 STREET ADDRESS 1267 CLEBURNE DR.
 CITY-ST-ZIP FT. MYERS, FL 33919

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD ☐ Delete
 NAME GEORGION, ROGER L
 STREET ADDRESS 1267 CLEBURNE DR.
 CITY-ST-ZIP FT. MYERS, FL 33919

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

Marianne G. McSweeney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/04

Date

Duplicate Please