


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90177 032 ***150.00

DOCUMENT # P03000119813 1. Entity Name OLD FLORIDA TRUST DEVELOPMENT COMPANY					
Principal Place of Business 4120 SW 20 AVE CAPE CORAL, FL 33914			Mailing Address 4120 SW 20 AVE CAPE CORAL, FL 33914		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip			
Country		Country			
<div style="display: flex; justify-content: space-between;"> <div>04222004 Chg-P CR2E034 (10/03)</div> <div> 4. FEI Number 74-3108648 </div> <div> Applied For <input type="checkbox"/> Not Applicable </div> </div>					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent JURSINSKI, KEVIN F 7800 UNIVERSITY POINTE DR STE 200 FT MYERS, FL 33907			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWINK, SCOTT 4120 SW 20 AVE CAPE CORAL, FL 33914 <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	
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	
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	
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	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <div>4-27-04</div> <div>Date</div> <div>Daytime Phone #</div> </div>		

ATTACHMENT 140 20764

D03000 119813

MAY 3, 2004

TO THE SUPERVISOR OF COLLECTIONS.

DEAR SIR OR MADAME,

PLEASE EXCUSE THE DEADLINE MISS ON THIS FILING, I ACCIDENTALLY MISPLACED THE ENVELOPE AND WHEN I REALIZED MY MISTAKE I RUSHED TO THE POST OFFICE ON SATURDAY BUT THE LAST PICKUP WAS MISSED.

I HAVE FED EX PRIORITY SO THAT IT WOULD BE THERE AS QUICK AS POSSIBLE, PLEASE WAIVE THE LATE FEE AS WE ARE A NEW CORP AND WERE NOT AWARE OF THIS REQUIREMENT UNTIL LAST TUESDAY WHEN OUR ACCOUNTANT BROUGHT IT UP.

SHOULD I
TUESDAY
10:00
D.D. 3:00
P.M.

PLEASE CHECK YOUR MAILING RECORDS, AS WE NEVER RECEIVED THIS NOTIFICATION OR ANY OTHER CORRESPONDANCE FROM YOUR OFFICE

WE WANT TO COMPLY IN EVERY WAY WITH OUR RESPONSIBILITY AND THIS WILL NOT HAPPEN AGAIN

I DEEPLY APPRECIATE YOUR INDULGENCE IN THIS MATTER

RESPECTFULLY,

Lane L. Drrett