2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000055807

FILED May 03, 2004 Secretary of State

Entity Name: TRIAD DEVELOPMENT OF BAY COUNTY, INC.

Current P	Principal Place of Business:	New Principal Place of Business:
'16 W 19 ⁻ 'ANAMA	TH ST CITY, FL 32405	
Current N	Mailing Address:	New Mailing Address:
'16 W 19 ⁻ PANAMA	TH ST CITY, FL 32405	
El Number	r: 59-3201341 FEI Number Applied For	() FEI Number Not Applicable () Certificate of Status Desired ()
lame and	d Address of Current Registered Age	ent: Name and Address of New Registered Agent:
	MICHAEL H	
ANAMA		or the purpose of changing its registered office or registered agent, or both,
PANAMA The above In the Stat	CITY BEACH, FL 32407 US e named entity submits this statement for te of Florida.	or the purpose of changing its registered office or registered agent, or both,
'ANAMA The above In the Stat	CITY BEACH, FL 32407 US e named entity submits this statement for te of Florida.	
ANAMA he above the Stat IGNATU accordar	CITY BEACH, FL 32407 US e named entity submits this statement for te of Florida. IRE:	ed Agent Date n did not receive the prior notice.
PANAMA The above the Stat SIGNATU The accordant Election Ca	e named entity submits this statement for the of Florida. RE: Electronic Signature of Registers are with s. 607.193(2)(b), F.S., the corporation	ed Agent Date
ANAMA The above the Stat GNATU the accordar lection Ca	e named entity submits this statement for the of Florida. IRE: Electronic Signature of Registers are with s. 607.193(2)(b), F.S., the corporation ampaign Financing Trust Fund Contribution (ed Agent Date a did not receive the prior notice.
ANAMA he above the Stat lGNATU accordan lection Ca DFFICER tte: ame: ddress:	e named entity submits this statement for the of Florida. IRE: Electronic Signature of Registers are with s. 607.193(2)(b), F.S., the corporation ampaign Financing Trust Fund Contribution (CS AND DIRECTORS: D () Delete MEINTS, MICHAEL 433 BAY SHORE DRIVE	ed Agent Date n did not receive the prior notice.). ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL H. MEINTS D 05/03/2004