


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90034 032 ***150.00

DOCUMENT # P93000087910

1. Entity Name
PIER B DEVELOPMENT CORP.



Principal Place of Business Mailing Address

245 FRONT STREET 1000 MARKET ST
 STE 102 BLDG 1
 KEY WEST, FL 33040 US PORTSMOUTH, NH 03801 US

94037069



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01222004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0478846 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, MARK	NAME	
STREET ADDRESS	1100 LINTON BLVD STE C9	STREET ADDRESS	1001 E Atlantic Ave, Suite 202
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP	DeLray Beach, FL
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, MICHAEL	NAME	
STREET ADDRESS	1100 LINTON BLVD STE C9	STREET ADDRESS	1001 E Atlantic Ave, Suite 202
CITY-ST-ZIP	DELRAY BEACH, MF	CITY-ST-ZIP	DeLray Beach, FL
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, WILLIAM	NAME	
STREET ADDRESS	1000 MARKET ST BLDG	STREET ADDRESS	
CITY-ST-ZIP	PORTSMOUTH, NH 03801	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMURRAIN, THOMAS T	NAME	
STREET ADDRESS	1100 LINTON BLVD STE C9	STREET ADDRESS	1001 E Atlantic Ave, Suite 202
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP	DeLray Beach, FL
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRITCHFIELD, RICHARD H	NAME	
STREET ADDRESS	1100 LINTON BLVD	STREET ADDRESS	1001 E Atlantic Ave, Suite 201
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP	DeLray Beach, FL
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Mark Walsh Date: 2/4/2004 Daytime Phone #: (561) 279-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #