## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P94000040813

1. Entity Name
HEY DAD DEVELOPMENT COMPANY

Principal Place of Business

2955 HARTLEY RD.

SUITE 108

JACKSONVILLE, FL 32257

Mailing Address

2955 HARTLEY RD.

SUITE 108

IACKSONVILLE, FL 32257

## FILED Apr 13, 2004 08:00 AM-Secretary of State



DO NOT WRITE IN THIS SPACE

04072804 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3244082

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MATOVINA, GREGORY E 2955 HARTLEY RD. SUITE 108

JACKSONVILLE, FL 32257

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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

CATY-ST-ZIP

STREET ADDRESS
CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP

STREET ADDRESS

\_\_\_\_\_

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

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000111558 <del>U4/13/04-80024-005 150:00</del>

10. OFFICERS AND DIRECTORS BILE D NAME MATOVINA, GREGORY E 2955 HARTLEY ROAD SUITE 108 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 THE STREET ADDRESS CITY-ST-ZIP TOTLE NAME STREET ADDRESS

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12. I hereby certify that the information supplied with this fitting does not quality 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:

SIGNATURY AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

4/9/04 904 293-07