

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-26-2004 91039 008 ***150.00

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1. Entity Name

MIG DEVELOPMENT COMPANY



Principal Place of Business

250 AUSTRALIAN AVE., SOUTH
SUITE 400
WEST PALM BEACH FL 33401

Mailing Address

250 AUSTRALIAN AVE., SOUTH
SUITE 400
WEST PALM BEACH FL 33401

2. Principal Place of Business

5872 PENNOCK POINT ROAD

3. Mailing Address

5872 PENNOCK POINT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

JUPITER, FL

Zip

33458

Country

Zip

33458

Country

4. FEI Number

65-0558768

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

ELWOOD, JAMES C
5872 PENNOCK POINT ROAD
JUPITER FL 33458

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCOO
WAYMAN, EDWIN B
250 AUSTRALIAN AVE., SOUTH
WEST PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DSV
COTE, JAMES A
2175 N. CALIFORNIA BLVD- STE 800
WALNUT CREEK CA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ELWOOD, JAMES C.
250 S. AUSTRALIAN AVE. STE 400
WEST PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KALIK, LANNY
250 S. AUSTRALIAN AVE. STE 400
WEST PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

JAMES C. ELWOOD
PRESIDENT

4/23/04

561-351-5540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #