2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000006548

Entity Name: OLD ST. PETE DEVELOPMENT CORPORATION

FILED Feb 09, 2004 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

402 APPLEROUTH LANE, SUITE 10 402 APPELROUTH LANE KEY WEST, FL 33040 KEY WEST, FL 33040

Current Mailing Address: New Mailing Address:

402 APPLEROUTH LANE, SUITE 10 402 APPELROUTH LANE KEY WEST, FL 33040 KEY WEST, FL 33040

FEI Number: 65-0636254 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWING, MICHAEL BROWNING, MICHAEL LESQ 402 APPLEROUTH LANE, SUITE 10 402 APPELROUTH LANE KEY WEST, FL 33040 KEY WEST, FL 33040

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.

SIGNATURE: MICHAEL L BROWNING 02/09/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

Title: BROWNING, MICHAEL L BROWNING, MICHAEL L Name: Name: 402 APPLEROUTH LANE, SUITE 10 402 APELEROUTH LANE Address: Address:

KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040 City-St-Zip:

Title: Title: (X) Change () Addition () Delete Name: Name:

SIRECI, THOMAS J SIRECI, JR, THOMAS J 402 APPLEROUTH LANE, SUITE 10 Address: 402 APPELROUTH LANE Address: KEY WEST, FL 33040 KEY WEST, FL 33040 City-St-Zip: City-St-Zip:

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 L BROWNING 02/09/2004 D