2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
DOCUMENT # P96000019796 1. Entity Name HUSKER DEVELOPMENT, INC.					50	Ci ctai	y of State
Principal Plac 2424 CURLE PALM HARBO		Mailing Address 2424 CURLEW ROAD PALM HARBOR, FL 34683] 	it felik dilik etili kekil esk		a iano enkeli kiran
D	O NOT WRITE	CE	D1132004 No Chg-P				
	6. Name and Address of Current Re DENNIS E LEW ROAD RBOR, FL 34683	DO NOT WRITE IN THIS SPACE					
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 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ded to Fees			
10. IITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DI PD OLTMAN, JERRY B 2424 CURLEW ROAD PALM HARBOR, FL 34683 VS O'KEEFE, DENNIS E 2424 CURLEW ROAD	RECTORS			(JORGO) 04735794-	141891 80030-00:	2 150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PALM HARBOR, FL 34683				NOT W THIS SF		
TITLE NAME STREET ADDRESS							

12. Thereby certify that the information supplied with this filling 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 of 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, while if the empowered

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PHINTED

Dennis O'Keefe

727-781-985 Davims Phone #