2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004
Secretary of State

DOCUMENT# P96000040161

Entity Name: GREY OAKS DEVELOPMENT CORPORATION

Current Principal Place of Business:

2600 GOLDEN GATE PKWY
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

2600 GOLDEN GATE PKWY
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 59-3386500 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARINELLI, PAUL J.
2600 GOLDEN GATE PARKWAY
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: SPROUL, JULIET C
Address: 2600 GOLDEN GATE PKWY
City-St-Zip: NAPLES, FL 34105

Title: P ( ) Delete
Name: SANSBURY, THOMAS W
Address: 2600 GOLDEN GATE PKWY
City-St-Zip: NAPLES, FL 34105

Title: VST ( ) Delete
Name: MARINELLI, PAUL J
Address: 2600 GOLDEN GATE PKWY
City-St-Zip: NAPLES, FL 34105

Title: VAT ( ) Delete
Name: GOGUEN, BRIAN L
Address: 2600 GOLDEN GATE PKWY
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: SPROUL, KATHERINE G
Address: 2600 GOLDEN GATE PKWY
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: SPROUL, JULIET A
Address: 2600 GOLDEN GATE PKWY
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: PAUL J MARINELLI VST 03/23/2004
Electronic Signature of Signing Officer or Director Date

JENNIFER S SULLIVAN, DIRECTOR
2600 GOLDEN GATE PKWY
NAPLES FL 34105