

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90696 035 \*\*\*150.00

<b>DOCUMENT # P96000046527</b> 1. Entity Name <b>H &amp; P LAND DEVELOPERS, INC.</b>			
Principal Place of Business <b>4422 WELLINGTON SHORE DRIVE LAKE WORTH, FL 33467 US</b>		Mailing Address <b>4422 WELLINGTON SHORE DRIVE LAKE WORTH, FL 33467 US</b>	
2. Principal Place of Business <b>8284 Cozumel Ln</b> Suite, Apt. #, etc.	3. Mailing Address <b>8284 Cozumel Ln</b> Suite, Apt. #, etc.		
City & State <b>Wellington, FL</b> Zip <b>33414</b> Country	City & State <b>Wellington, FL</b> Zip <b>33414</b> Country	4. FEI Number <b>65-0675143</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		02122004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name <b>Paul Kucsmal</b> Street Address (P.O. Box Number is Not Acceptable) <b>8284 Cozumel Lane</b> City <b>Wellington</b> <b>FL</b> Zip Code <b>33414</b>	
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: <u><i>Paul Kucsmal</i></u> DATE: <u>4/26/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>KUCSMA, PAUL</b> STREET ADDRESS <b>15640 CEDAR GROVE LANE</b> CITY-ST-ZIP <b>WELLINGTON, FL</b>	TITLE <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Paul Kucsmal</b> STREET ADDRESS <b>8284 Cozumel Lane</b> CITY-ST-ZIP <b>Wellington, FL 33414</b>	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP
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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: <u><i>Paul Kucsmal</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/26/04</u> Daytime Phone #	