

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90033 002 \*\*\*150.00

**DOCUMENT # P96000065316**

1. Entity Name

**BARATARIA DEVELOPMENT CORPORATION**



Principal Place of Business

214 HIGHWAY 98 EAST  
DESTIN FL 32541

Mailing Address

211 MISSILE HILL ROAD  
SANTA ROSA BEACH FL 32459

**94014649**



MOORE CR2E034 (11/03)

2. Principal Place of Business

211 Missile Hill  
Suite, Apt. #, etc.

3. Mailing Address

Same as above  
Suite, Apt. #, etc.

City & State

Santa Rosa Beach, Fla.

City & State

Santa Rosa Beach, Fla.

4. FEI Number

59-3428232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DENNISON, JASPER I  
211 MISSILE HILL ROAD  
SANTA ROSA BEACH FL 32549

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 Jasper I. Dennison, Pres.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

2-7-04

**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 DP ☐ Delete  
NAME DENNISON, JASPER I  
STREET ADDRESS 211 MISSILE HILL ROAD  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE DST ☐ Delete  
NAME DENNISON, JAN ELISE  
STREET ADDRESS 100 SPOOKY LANE, UNIT 4-D  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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.

Jasper I. Dennison, Pres.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-04

850 267-2250