

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90418 048 \*\*\*150.00

**DOCUMENT # P97000033944**

1. Entity Name  
**DEVELOPMENT CONCEPTS, INC.**



Principal Place of Business  
**C/O BAYSHORE LAND GROUP, INC.  
255 ALHAMBRA CIR., STE. 325  
CORAL GABLES, FL 33134 US**

Mailing Address  
**C/O BAYSHORE LAND GROUP, INC.  
255 ALHAMBRA CIR., STE. 325  
CORAL GABLES, FL 33134 US**

**34063733**



**DO NOT WRITE IN THIS SPACE**

02032004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**52-2033874**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAC NAIR, CHRISTOPHER J.  
255 ALHAMBRA CIRCLE, SUITE 325  
CORAL GABLES, FL 33134**

**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 Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FERTIG, JAY C  
255 ALHAMBRA CIR. STE. 325  
CORAL GABLES, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MACNAIR, CHRIS  
255 ALHAMBRA CIR. STE. 325  
CORAL GABLES, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Christopher J. MacNair, V.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/18/04*  
Date

*305-445-6161*  
Daytime Phone #