2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03,
Secr

DOCUMENT # P97000050141

1. Entity Name:
SALT RUN DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
5 WILLARD DRIVE NO. 105 ST AUGUSTINE, FL 32086	5 WILLARD DRIVE NO. 105 ST AUGUSTINE, FL 32086

DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3527369

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRIGGS, LARRY
200 MALAYA ST
SAINT AUGUSTINE, FL 32084

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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 _____ DATE
(signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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

U00000154745
05/05/04-80009-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PACE, WILLIAM L
STREET ADDRESS	33 COMARES AVE. NO. 301
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	VPST
NAME	RANDALL, D W
STREET ADDRESS	5 WILLARD DR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: D.W. Randall 4-29-04 904/669-3411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #