

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90013 012 ***150.00

DOCUMENT # P97000070849	
1. Entity Name COURSON DEVELOPMENT CORPORATION	



Principal Place of Business 2398 SADLER RD. FERNANDINA BEACH FL 32034	Mailing Address 2398 SADLER RD. FERNANDINA BEACH FL 32034
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2. Principal Place of Business 304 SR 200/A1A	3. Mailing Address P.O. BOX 653
Suite, Apt. #, etc.	Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State FERNANDINA BEACH, FL	City & State FERNANDINA BEACH, FL
Zip 32034	Country USA
Zip 32035-0653	Country USA

4. FEI Number 59-3469687	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBISON, MARY A 2398 SADLER RD. SUITE 2600 FERNANDINA BEACH FL 32034	
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7. Name and Address of New Registered Agent	
Name JON C. LASSERRE	
Street Address (P.O. Box Number is Not Acceptable) 304 SR 200/A1A	
City FERNANDINA BEACH	Zip Code FL 32034

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 *Jon C. Lasserre* *Jon C. Lasserre* *2/4/04*
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VP COURSON, CHARLES 12 SO 6TH ST FERNANDINA BEACH FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JON LASSERRE <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COURSON, CHARLES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2398 SADLER RD. STE 2600 FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JON LASSERRE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 304 SR 200/A1A FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jon C. Lasserre* *2/4/04* *904 261 4066*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #