

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90045 015 ***150.00

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1. Entity Name

R.E.C. PROPERTY DEVELOPER'S, INC.



Principal Place of Business

3460 TUCKER AVENUE
ST. CLOUD FL 34772

Mailing Address

3460 TUCKER AVENUE
ST. CLOUD FL 34772

2. Principal Place of Business

7540 E. IRLO BRONSON HWY.
Suite, Apt. #, etc.

3. Mailing Address

7540 E. IRLO BRONSON
Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

St. Cloud, FL

Zip
34773

Country
USA

City & State

St. Cloud, FL

Zip
34773

Country
USA

4. FEI Number

59-3488272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATEER & HARBERT, P.A.
225 E ROBINSON STREET
SUITE 600, TWO LANDMARK CENTER
ORLANDO FL 32801

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

Melissa Ludwig / Melissa Ludwig

2/10/04

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME PERRY, ROBERT
STREET ADDRESS 3460 TUCKER AVENUE
CITY-ST-ZIP ST. CLOUD FL 34772

TITLE DT ☐ Delete
NAME LUDWIG, CHRIS
STREET ADDRESS 7540 EAST IRLO BRONSON HWY.
CITY-ST-ZIP SAINT CLOUD FL 34771

TITLE S ☐ Delete
NAME LUDWIG, MELISSA
STREET ADDRESS 7540 EAST IRLO BRONSON HWY.
CITY-ST-ZIP SAINT CLOUD FL 34771

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
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04

Date

407-498-3171

Daytime Phone #