

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90031 016 ***150.00

DOCUMENT # P97000102416

1. Entity Name

SR DEVELOPMENT, INC.



Principal Place of Business

230 MAIN STREET
SUITE B
SAFETY HARBOR FL 34695

Mailing Address

230 MAIN STREET
SUITE B
SAFETY HARBOR FL 34695

2. Principal Place of Business

701 Enterprise Road East

Suite, Apt. #, etc.

Suite 202

City & State

Safety Harbor, FL

Zip

34695

Country

1

3. Mailing Address

701 Enterprise Road East

Suite, Apt. #, etc.

Suite 202

City & State

Safety Harbor, FL

Zip

34695

Country

1



MOORE

CR2E034 (11/03)

4. FEI Number

59-3481093

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, STEPHEN L
230 MAIN STREET
SUITE B
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name
Roth, Stephen L.

Street Address (P.O. Box Number is Not Acceptable)

701 Enterprise Road East

Suite 202

City

Safety Harbor,

FL

Zip Code

34695

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

STEPHEN L. ROTH

PRESIDENT

2/23/04

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROTH, STEPHEN L
230 MAIN ST. SUITE B
SAFETY HARBOR FL 34695
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
701 Enterprise Road East
Suite 202
Safety Harbor, FL 34695

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

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

STEPHEN L. ROTH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04

Date

727 725 8700

Daytime Phone #