


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90031 020 ***150.00

DOCUMENT # P98000036223 1. Entity Name SEC DEVELOPMENT CORP.					
Principal Place of Business 19326 AQUA SPRINGS DR LUTZ, FL 33549			Mailing Address 19326 AQUA SPRINGS DRIVE LUTZ, FL 33558		
2. Principal Place of Business 19326 Aqua Springs Dr			3. Mailing Address Suite, Apt. #, etc.		
City & State Lutz FL		City & State Suite, Apt. #, etc.		4. FEI Number 59-3505681	
Zip 33558		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAUFMAN, SAMUEL 19326 AQUA SPRINGS DRIVE LUTZ, FL 33549				7. Name and Address of New Registered Agent Name Samuel Kaufman Street Address (P.O. Box Number is Not Acceptable) 19326 Aqua Springs Dr City Lutz FL Zip Code 33558	
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 Samuel Kaufman (NOTE: Registered Agent signature required when reinstating) DATE 4/13/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAUFMAN, SAMUEL 19326 AQUA SPRINGS DRIVE LUTZ, FL 33549 <input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Samuel Kaufman <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/13/04 813 494 4237 <small>Date Daytime Phone #</small>		