


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2004 90097 028 ***150.00

DOCUMENT # P98000056984					
1. Entity Name ESTUARY DEVELOPMENT COMPANY OF MARTIN COUNTY					
Principal Place of Business 2395 NW 22ND AVE STUART, FL 34994			Mailing Address 2395 NW 22ND AVE STUART, FL 34994		
2. Principal Place of Business 2093 S.E. ESTUARY COURT Suite, Apt. #, etc.		3. Mailing Address 2093 S.E. ESTUARY COURT Suite, Apt. #, etc.			
City & State STUART, FL		City & State STUART, FL		4. FEI Number 65-0868477	
Zip 34994		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUDD, JAMES D 3511 NE 22ND AVE., #100 FT. LAUDERDALE, FL 33301			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME LADD, ROBERT J STREET ADDRESS 2395 NW 22ND AVE CITY-ST-ZIP STUART, FL 34997	<input type="checkbox"/> Delete		TITLE PD NAME LADD, ROBERT J. STREET ADDRESS 2093 SE ESTUARY COURT CITY-ST-ZIP STUART, FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VSTD NAME RUDD, JAMES D STREET ADDRESS 9578 S FEDERAL HWY. CITY-ST-ZIP PORT ST LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE VSTD NAME RUDD, JAMES D. STREET ADDRESS 302 ACADIA LANE CITY-ST-ZIP CELEBRATION, FL 34747	<input checked="" 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	
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	
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	
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			Date: 4-4-04 Daytime Phone #: 772-642-7149		