


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

02-25-2004 90024 037 \*\*\*150.00

**DOCUMENT # P98000106778**

1. Entity Name  
**HIDDEN LAKES DEVELOPMENT CO., INC.**



Principal Place of Business  
**150 NORTH COMMERCE AVE  
 SEBRING, FL 33870**

Mailing Address  
**P.O. BOX 2025  
 SEBRING, FL 33871**

**04011014**

2. Principal Place of Business  
**4550 TILTON CT**

3. Mailing Address  
**4550 TILTON CT**

Suite, Apt. #, etc.



02032004 Chg-P CR2E034 (10/03)

City & State  
**FT MYERS FL FT MYERS FL**

Zip Country  
**33907 USA 33907 USA**

4. FEI Number  
**65-0882245**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JACKSON, ANDREW B  
 150 NORTH COMMERCE AVE  
 SEBRING, FL 33870**

7. Name and Address of New Registered Agent

Name  
**CONLYN, ANDREW**

Street Address (P.O. Box Number is Not Acceptable)  
**4550 TILTON CT**

City State Zip Code  
**FT MYERS FL 33907**

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:  **2/20/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

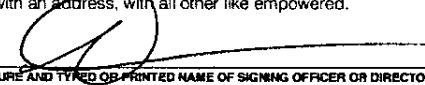
**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete JACKSON, ANDREW B 150 N COMMERCE AVENUE SEBRING, FL 33870
TITLE D	<input checked="" type="checkbox"/> Delete JACKSON, ANDREW B 150 N COMMERCE AVE SEBRING, FL 33870
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CONLYN, ANDREW 4550 TILTON CT FT MYERS FL 33907
TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LARREAU, SUE 21509 GLORY RD LUTZ FL 33549
TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HOTALING, DEAN 2016 LINDA LN LUTZ FL 33549
TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HITZEMAN, RUSSELL 3619 BARBADOS DR AUGUSTA GA 30909
TITLE VF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TALBOTT, RALPH 13 TURTLE BACK TRAIL PONTE VEDRA BEACH FL 33760
TITLE NAME	<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:  **2/20/04** <sup>239-</sup> **275-9781**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #