


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90030 042 \*\*\*158.75

<b>DOCUMENT # P99000007199</b>	
1. Entity Name <b>CAXAMBAS DEVELOPMENT, INC.</b>	

Principal Place of Business <b>3200 TAMIAMI TRAIL N SUITE 200 NAPLES, FL 34103</b>	Mailing Address <b>3200 TAMIAMI TRAIL N SUITE 200 NAPLES, FL 34103</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>930 CAPE MARCO DR PH-3</b> City & State <b>MARCO ISLAND, FL</b> Zip <b>34145</b> Country <b>USA</b>
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02082004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0897379</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WOODWARD, MARK J 3200 TAMIAMI TRAIL NORTH SUITE 20 NAPLES, FL 34103</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GLON, DALE R 930 CAPE MARCO DR., SUITE PH-3 MARCO ISLAND, FL 34145</b> <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 another like empowered.

SIGNATURE: *[Signature]* **2/9/04** **239-394-5217**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #