## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: \_

## Apr 19, 2004 08:00 AM Secretary of State **DOCUMENT # P99000020248** WINTERVIEW COURT DEVELOPMENT, INC. Mailing Address Principal Place of Business 2930 IMMOKALEE RD 2930 IMMOKALEE RD SUITE 4 SUITE 4 NAPLES, FL 34110 ЦS NAPLES, FL 34110 US 01072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3558046 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SALUAN, ANDREW J 2630 IMMOKALEE RD SUITE 4 IN THIS SPACE NAPLES, FL 34110 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. 1 am familiar with, and accept the obligations of registered agent. DATE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and tide if applicable. **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SALUAN, ANDREW J NAME U00000119830 STREET ADDRESS 2930 IMMOKALEE RD STE 4 04/19/04-80114-012 150.00 NAPLES, FL 34110 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED