


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000077635</b>	
1. Entity Name <b>SEDGEMOOR DEVELOPMENT CORPORATION</b>	

Principal Place of Business <b>2430 PERIWINKLE WAY SUITE B SANIBEL ISLAND, FL 33957</b>	Mailing Address <b>P.O. BOX 716 SANIBEL ISLAND, FL 33957</b>
--	---



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0950167</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>ARMENIA, JOHN 2430 PERIWINKLE WAY SUITE B SANIBEL ISLAND, FL 33957</b>
--

**DO NOT WRITE  
IN THIS SPACE**

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  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**04/26/04-80058-006 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ARMENIA, JOHN 2430 PERIWINKLE WAY SUITE B SANIBEL ISLAND, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARMENIA, LUCY 2430 PERIWINKLE WAY SUITE B SANIBEL ISLAND, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Lucy Armenia, Secy. 04/21/04 239-395-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #