


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90105 030 \*\*\*150.00

<b>DOCUMENT # P99000083052</b>	
1. Entity Name <b>HIAWASSEE DEVELOPMENT CORP.</b>	

Principal Place of Business <b>2813 S HIAWASSEE ROAD SUITE 101 ORLANDO, FL 32835</b>	Mailing Address <b>2813 S HIAWASSEE ROAD SUITE 101 ORLANDO, FL 32835</b>
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2. Principal Place of Business <b>6000 Metrowest Blvd. Suite, Apt. #, etc. 111</b>	3. Mailing Address <b>6000 Metrowest Blvd. Suite, Apt. #, etc. 111</b>
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02032004 -- Chg-P -- CR2E034 (10/03)

City & State <b>Orlando Florida</b>	City & State <b>Orlando Florida</b>
Zip <b>32835</b>	Country <b>Orange</b>

4. FEI Number <b>59-3600789</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SKORMAN, MARC 2813 S HIAWASSEE ROAD SUITE 101 ORLANDO, FL 32835</b>	
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7. Name and Address of New Registered Agent Name <b>MARC SKORMAN, PRESIDENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>6000 METROWEST BLVD SUITE 111</b> City <b>ORLANDO</b> FL Zip Code <b>32835</b>	
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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 <i>[Signature]</i> <b>PRESIDENT MARC SKORMAN</b>	DATE <b>4/15/04</b>

<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 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete <b>SKORMAN, MARC J 9720 LAKE ISLEWORTH COURT WINDERMERE, FL 34786</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD <input type="checkbox"/> Delete <b>SKORMAN, KEVIN S 9720 LAKE ISLEWORTH COURT WINDERMERE, FL 34786</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> <b>PRESIDENT MARC SKORMAN</b>	DATE: <b>4/15/04</b> 407 253-2001