

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000083052
 1. Entity Name
HIWASSEE DEVELOPMENT CORP.



Principal Place of Business Mailing Address
 6000 METROWEST BLVD #111 6000 METROWEST BLVD #111
 ORLANDO, FL 32835 ORLANDO, FL 32835



DO NOT WRITE IN THIS SPACE

01242005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent
SKORMAN, MARC
 6000 METROWEST BLVD #111
 ORLANDO, FL 32835

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PTD SKORMAN, MARC J 9720 LAKE ISLEWORTH COURT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY ST ZIP	SVD SKORMAN, KEVIN S 9720 LAKE ISLEWORTH COURT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY ST ZIP	

U00000318134
 04/20/05-80047-016 150.00

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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)(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: Marc Skorman, PRESIDENT 3/22/05 407 253200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dist. to Print