


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000004624

1. Entity Name
FAMILY DEVELOPMENT RESOURCES, INC.,
PUBLISHING, TRAINING AND CONSULTING



Principal Place of Business 146 WINDOVER DR. ASHEVILLE, NC 28803	Mailing Address 146 WINDOVER DR. ASHEVILLE, NC 28803
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02272004 No Chg-P CR2E034 (10/03)

4. FEI Number 39-1434421	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZIERFUSS, MAGGIE
164 AVENIDA MENENDEZ
ST. AUGUSTINE, FL 32084

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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 title, applicable (NOTE: Registered Agent's signature required when remaining)

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

U00000073269
03/02/04-80029-018 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CP BAVOLCK, STEPHEN J 146 WINDOVER DR ASHEVILLE, NC 28803
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VCVP BAVOLEK, JULIANA D 146 WINDOVER DR. ASHEVILLE, NC 28803
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S KOPECKY, BERNADETTE 3070 RASMUSSEN RD PARK CITY, UT 84098
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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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 all other like empowered.

SIGNATURE: Bernadette Kopczyk 2-28-04 435-649-5822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #