

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90076 041 ***150.00

DOCUMENT # J90345 1. Entity Name FAMILY DEVELOPMENT, INC.			
Principal Place of Business 2033 MAIN STREET STE 303 SARASOTA FL 34237 US		Mailing Address 2999 LAUREL WIND BLVD LEWIS CENTER OH 43035 US	
2. Principal Place of Business 2999 LAUREL WIND BLVD Suite, Apt. #, etc. LEWIS CENTER OHIO City & State		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip 43035	Country USA	Zip 	Country
6. Name and Address of Current Registered Agent GRANGER, PAUL G/O MARIE ZIMMER 3556 KILLARNEY PLZ DR TALLAHASSEE FL 32309 <i>THIS IS CORRECT</i>		7. Name and Address of New Registered Agent Name PAUL F. GRANGER Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET SARASOTA FL 34237 City FL Zip Code	
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>Paul F. Granger</i> DATE 1-24-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'REILLY, CHRISTINE 5519 BELLERUEVE PL WESTERVILLE OH 43082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN GRANGER 1482 CLOVENSTONE DR WORTHINGTON OHIO 43085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRANGER, PAUL F. 2999 LAUREL WIND BLVD LEWIS CENTER OH 43035	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY GRANGER 244 Dogwood DR DELAWARE OHIO 43015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANGER, KEVIN K. 391 FALL RIVER DRIVE REYNOLDSBURG OH 43068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY GRANGER 6506 Cobblers TR MIDDLE TOWN OHIO 45044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRANGER, KATHLEEN 2999 LAUREL WIND BLVD LEWIS CENTER OH 43035	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL A. GRANGER 383 BELK FOUNTAIN AVE MARION OHIO 43302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLINGER, TERESA L. 1110 PINERIDGE DRIVE MARION OH 43302	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANGER, JEFFREY F. 203 W ROSELAWN DR LOGANSPORT IN 46947	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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>Paul F. Granger</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 1-24-04 DAYTIME PHONE # 740-657-8460	



MOORE CR2E034 (11/03)