2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # 618168

1. Entity Name
COURCHENE DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
1101-5 S. ROGERS CIRCLE BOCA RATON, FL 33487	1101-5 S. ROGERS CIRCLE BOCA RATON, FL 33487

04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1913415
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COURCHENE, PAUL L
1101-5 S ROGERS CIRCLE
BOCA RATON, FL 33487

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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 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	PD
NAME	COURCHENE, PAUL L.
STREET ADDRESS	1101-5 S ROGERS CIRCLE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	VSTD
NAME	LITTLE, JANET C.
STREET ADDRESS	1101-5 S ROGERS CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	VP
NAME	OGILBEE, WILLIAM R
STREET ADDRESS	1101-5 S. ROGERS CIRCLE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	CD
NAME	COURCHENE, LUC
STREET ADDRESS	1101-5 S ROGERS CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/05-80035-001 150.00

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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)(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: _____ 4/28/05 561997-8520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #