

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 08:00 AM
Secretary of State



DOCUMENT # K99327

1. Entity Name
PARK AVENUE DEVELOPERS, INC.

Principal Place of Business
 %C. DAVID BROWN, II
 2200 PARK AVE. N.
 WINTER PARK FL 32789

Mailing Address
 %C. DAVID BROWN, II
 2200 PARK AVE. N.
 WINTER PARK FL 32789



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-2982905**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCINTOSH, DONALD W., JR.
2200 PARK AVENUE NORTH
4TH FLOOR
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
 NAME MCINTOSH, DONALD W.
 STREET ADDRESS 2200 PARK AVE. N.
 CITY- ST- ZIP WINTER PARK FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE VPD Delete
 NAME TRUE, CHARLES H.
 STREET ADDRESS 2200 PARK AVE. N.
 CITY- ST- ZIP WINTER PARK FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/07

407-6444668