

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90031 027 ***158.75

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02062006 Chg-P CR2E034 (11/05)

DOCUMENT # P00000094369 1. Entity Name CDS LAND DEVELOPMENT INC.					
Principal Place of Business 8122 SE SHILOH TERRACE HOBE SOUND, FL 33455			Mailing Address 8122 SE SHILOH TERRACE HOBE SOUND, FL 33455		
2. Principal Place of Business 369 SW Kestor Dr Suite, Apt. #, etc.		3. Mailing Address 369 SW Kestor Dr Suite, Apt. #, etc.			
City & State Port St Lucie FL		City & State Port St Lucie FL		4. FEI Number 65-1047221	
Zip 34953		Country St Lucie		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TUCKER, JAMES B 8122 SE SHILOH TERRACE HOBE SOUND, FL 33455				7. Name and Address of New Registered Agent Name Suzy Gedris Street Address (P.O. Box Number is Not Acceptable) 369 SW Kestor Dr City Port St Lucie FL Zip Code 34953	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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 DPT NAME TUCKER, JAMES B STREET ADDRESS 8122 SE SHILOH TERRACE CITY-ST-ZIP HOBE SOUND, FL 33455			TITLE DPT NAME Chris Gedris STREET ADDRESS 369 SW Kestor Dr CITY-ST-ZIP Port St Lucie FL 34953		
TITLE VPS NAME GEDRIS, CHRISTOPHER STREET ADDRESS 369 SW KESTOR DRIVE CITY-ST-ZIP PORT SAINT LUCIE, FL 34953			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> 2/15/06 772 336 8807 </div> <small>Date Daytime Phone #</small>					