

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90349 009 ***150.00

DOCUMENT # P01533



1. Entity Name
PARK AVENUE DEVELOPMENT CORPORATION

Principal Place of Business
**535 PARK AVENUE NORTH
P. O. BOX 1508
WINTER PARK, FL 32790**

Mailing Address
**535 PARK AVENUE NORTH
P. O. BOX 1508
WINTER PARK, FL 32790**

14015542



2. Principal Place of Business
535 Park Avenue North
Suite, Apt. #, etc.
Suite 224

3. Mailing Address
P.O. Box 1508
Suite, Apt. #, etc.

03312004 Chg-P CR2E034 (10/03)

City & State
Winter Park, FL 32790

City & State
Winter Park, FL

4. FEI Number
13-3017252
Applied For
Not Applicable

Zip
32789
Country
USA

Zip
32790-1508
Country
USA

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

6. Name and Address of Current Registered Agent

**WILLIAMS, WARREN
28 W. CENTRAL AVE.
ORLANDO, FL 32802**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
28 W. Central Blvd., Suite 401
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	ASTP	<input type="checkbox"/> Delete	TITLE	Garbe, Udo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UDO, GARBE		NAME	P.O. Box 1508	
STREET ADDRESS	535 N. PARK AVENUE		STREET ADDRESS	Winter Park, FL 32790-1508	
CITY-ST-ZIP	WINTER PARK, FL 327893241		CITY-ST-ZIP		
TITLE	D D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARBE, UDO		NAME	P.O.Box 1508	
STREET ADDRESS	535 N. PARK AVENUE		STREET ADDRESS	Winter Park, FL 32790-1508	
CITY-ST-ZIP	WINTER PARK, FL 327893241		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARBE, BERNHARD		NAME	P.O. Box 1508	
STREET ADDRESS	535 PARK AVE., N.		STREET ADDRESS	Winter Park, FL 32790-1508	
CITY-ST-ZIP	WINTER PARK, FL		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARBE, ANGELIKA		NAME	P.O. Box 1508	
STREET ADDRESS	535 N. PARK AVENUE		STREET ADDRESS	Winter Park, FL 32790-1508	
CITY-ST-ZIP	WINTER PARK, FL 327893241		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: UDO Garbe 4-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #