

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000047086

1. Entity Name
811 DEVELOPMENT CORPORATION



Principal Place of Business
920 THIRD AVE
NEW SMYRNA BEACH, FL 32169 US

Mailing Address
920 THIRD AVE
NEW SMYRNA BEACH, FL 32169 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06142007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3253341

Applied For
Not Applicable

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

KOSMAS, JAMES M ESQ.
111 LIVE OAK STREET
NEW SMYRNA BEACH, FL 32168

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

Amended AR is \$61.25

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
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
KOSMAS, STEVEN P
920 THIRD AVE
NEW SMYRNA BEACH, FL 32169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
DUFFY, TRUDY
920 Third Avenue
New Smyrna Beach, FL 32169 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
KOSMAS, ROBERT
920 THIRD AVE
NEW SMYRNA BEACH, FL 32169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
700105867517
07/10/07--01039--007 **\$40.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
KOSMAS, NICHOLAS G
920 THIRD AVE
NEW SMYRNA BEACH, FL 32169 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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

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:

James M Kosmas President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-12-2007

(386) 427-6892

Date

Daytime Phone #

FILED

07 JUL -6 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

