2005 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # K99327

PARK AVENUE DEVELOPERS, INC.

1. Entity Name

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

FILED Mar 10, 2005 08:00 AM **Secretary of State**



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02032005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2982905 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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	named entity submits this statement for the pations of registered agent	surpose of changing its registered of	fice or r	egistered agent, or bo	oth, in the State of Florida I am familiar with, and acce	
SIGNATURE.	Signature, typed or printed name of registered agont and little	# applicable (NOTE Registered Ager	al signature	required when reinstalling)	DATE	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		 Election Campaign Financing Trust Fund Contribution. 		\$5.00 May Be Added to Fees		
10.	ÓFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCINTOSH, DONALD W. 2200 PARK AVE. N. WINTER PARK, FL				000000258741 03/10/05-80053-008 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TRUE, CHARLES H. 2200 PARK AVE. N. WINTER PARK, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR