


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90173 043 ***150.00

DOCUMENT # 385232	
1. Entity Name DEERING DEVELOPMENT CO.	

Principal Place of Business 1626-90TH AVE. BOX 370 VERO BEACH FL 32961-7370	Mailing Address 1626-90TH AVE. BOX 370 VERO BEACH FL 32961-7370
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 370
City & State	Vero Beach, FL
Zip	Country
32961	U.S.A.



1st MOORE CR2E034 (10/04)

4. FEI Number 59-1371057	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RICHARDSON, DANFORTH K 1626-90TH AVE. VERO BEACH FL 32966

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE CD	<input type="checkbox"/> Delete
NAME RICHARDSON, DANFORTH K	
STREET ADDRESS 1855 - 28TH AVE	
CITY-ST-ZIP VERO BCH FL 32960	
TITLE PD	<input type="checkbox"/> Delete
NAME LUTHER, JOHN M	
STREET ADDRESS 555 SOUTH A1A	
CITY-ST-ZIP VERO BCH FL 32963	
TITLE TS	<input type="checkbox"/> Delete
NAME PEREZ, TOMAS RENE	
STREET ADDRESS 2019 CORTEZ AVE	
CITY-ST-ZIP VERO BCH FL 32960	
TITLE ATS	<input type="checkbox"/> Delete
NAME RUST, GARY M	
STREET ADDRESS 405- 33RD AVE SW	
CITY-ST-ZIP VERO BCH FL 32968	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  John M. Luther, President	4/12/2005 Date	772-567-1151 Phone
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