


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 06, 2007 08:00 AM
Secretary of State

DOCUMENT # 413184 1. Entity Name PROPERTY CONCEPTS DEVELOPMENT CORPORATION	
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Principal Place of Business 721 U S HWY ONE SUITE 223 NORTH PALM BEACH, FL 33408	Mailing Address 721 U S HWY ONE SUITE 223 NORTH PALM BEACH, FL 33408
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08032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1562032	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 PROYET, JEAN F STD 721 U.S. HWY. #1 SUITE 223 NORTH PALM BEACH, FL 33408
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**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.


10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUCAS, ROBERT S. 1173 S.W. 24TH STREET PALM CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PROYET, JEAN F 721 US #1 STE 223 NORTH PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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08/07/07-80006-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

 **JEAN PROYET**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/07 561 844 2697
Date Daytime Phone #