

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90134 002 ***158.75

DOCUMENT # F02000003432

1. Entity Name
CORDOBA DEVELOPMENT IV, INC.



Principal Place of Business
**3802 A GUNN HIGHWAY
TAMPA, FL 33624**

Mailing Address
**3802 A GUNN HIGHWAY
TAMPA, FL 33624**

50006499



2. Principal Place of Business

15100 Hutchison Rd.

Suite, Apt. #, etc.

3. Mailing Address

15100 Hutchison Rd.

Suite, Apt. #, etc.

02272006

Chg-P

CR2E034 (11/05)

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

38-3653372

Applied For

Not Applicable

Zip

33625

Country

Zip

33625

Country

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

PONTON, LANCE

~~3802 A GUNN HIGHWAY
TAMPA, FL 33624~~

Name

Ponton, Lance

Street Address (P.O. Box Number is Not Acceptable)

15100 Hutchison Rd.

City

Tampa

FL

Zip Code

33625

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
After May 1, 2006 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 CP ☐ Delete
NAME PONTON, LANCE
STREET ADDRESS ~~3802 A GUNN HIGHWAY~~
CITY-ST-ZIP TAMPA, FL 33624

TITLE ☒ Change ☐ Addition
NAME **15100 Hutchison Rd.**
STREET ADDRESS **Tampa FL 33625**
CITY-ST-ZIP

TITLE DVP ☐ Delete
NAME ALLISON, ROBERT
STREET ADDRESS ~~3802 A GUNN HIGHWAY~~
CITY-ST-ZIP TAMPA, FL 33624

TITLE ☒ Change ☐ Addition
NAME **15100 Hutchison Rd.**
STREET ADDRESS **Tampa, FL 33625**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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:

Lance Ponton

Lance Ponton

813-961-4341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #