

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000006936 1. Entity Name CTF DEVELOPMENT, INC.					
Principal Place of Business ONE ALHAMBRA PLAZA, STE. 1465 CORAL GABLES, FL 33134				Mailing Address ONE ALHAMBRA PLAZA, STE. 1465 CORAL GABLES, FL 33134	
2. Principal Place of Business Suite, Apt #, etc. City & State Zip 		3. Mailing Address Suite, Apt #, etc. City & State Zip 			
4. FEI Number 20-3849524				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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 _____ Signature, typed or printed name of registrant's agent and (if applicable) (NOTE: Registered Agent signature required when reappointing)					
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 NAME STREET ADDRESS CITY-ST-ZIP	PO HEINIGER, DANIEL ONE ALHAMBRA PLAZA, STE. 1465 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐ 000000455517 03/15/06-80062-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GAFFNEY, PATRICK M ONE ALHAMBRA PLAZA, STE. 1465 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HORNBACHER, BRADLEY D ONE ALHAMBRA PLAZA, STE. 1465 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIGGEN, MICHAEL ONE ALHAMBRA PLAZA, STE. 1465 CORAL GABLES, FL 33134	☐ 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 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, initial or other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/28/06 (305) 442-1862		