

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F15088**

1. Entity Name  
**FELNER DEVELOPMENT CORP.**



Principal Place of Business  
**6235 FLORIDIAN CIR.  
LAKE WORTH, FL 33463 US**

Mailing Address  
**6235 FLORIDIAN CIR.  
LAKE WORTH, FL 33463 US**



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-2106014** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**FELNER, JEFFREY S  
6235 FLORIDIAN CIR.  
LAKE WORTH, FL 33463**

**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's 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**

**1000000386335  
01/18/06-80056-002 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	FELNER, JAY
STREET ADDRESS	6235 FLORIDIAN CIR.
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	VP
NAME	FELNER, JEFFREY
STREET ADDRESS	6235 FLORIDIAN CIR.
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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

Date

Daytime Phone #

*Jeffrey S. Felner* **Jeffrey S Felner** 1/6/06 561441231