

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F56614

FILED  
Mar 01, 2006  
Secretary of State

**Entity Name:** CHIEFTAIN DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

8099 PALOMINO DRIVE  
NAPLES, FL 34113

**New Principal Place of Business:**

28698 ALESSANDRIA CIRCLE  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

8099 PALOMINO DRIVE  
NAPLES, FL 34113

**New Mailing Address:**

P.O. BOX 36638  
BONITA SPRINGS, FL 34136

**FEI Number:** 59-2107569

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENNETT, DAVID C  
8099 PALOMINO DRIVE  
NAPLES, FL 34113 US

**Name and Address of New Registered Agent:**

NOVATT, JEFF M  
821 5TH AVENUE SOUTH  
SUITE 201  
NAPLES, FL 34102 US

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.

SIGNATURE: JEFF M NOVATT

03/01/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BENNETT, DAVID C  
Address: 8099 PALOMINO DRIVE  
City-St-Zip: NAPLES, FL 34113

Title: S (X) Delete  
Name: LAVELA, DEBBIE  
Address: 870 BALD EAGLE DR. STE 6-B  
City-St-Zip: MARCO ISLAND, FL 34145

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PERKINS, JOHN H  
Address: 28698 ALESSANDRIA CIRCLE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN H PERKINS

PD

03/01/2006

Electronic Signature of Signing Officer or Director

Date