

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # F62927

1. Entity Name
PLAZA 26 DEVELOPMENT CORPORATION



Principal Place of Business
**4811 22ND AVE WEST
BRADENTON, FL 34209**

Mailing Address
**4811 22ND AVE WEST
BRADENTON, FL 34209**



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2390539	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CAMINITE, ANTHONY P
4811 22ND AVE WEST
BRADENTON, FL 34209**

**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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	CAMINITE, CAROL A
STREET ADDRESS	4811 22ND AVE WEST
CITY-ST-ZIP	BRADENTON, FL
TITLE	PST
NAME	CAMINITE, ANTHONY P
STREET ADDRESS	4811 22ND AVE WEST
CITY-ST-ZIP	BRADENTON, FL
TITLE	V
NAME	CAMINITE, KIM MARIE
STREET ADDRESS	4811 22ND AVE. W.
CITY-ST-ZIP	BRADENTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000186437
01/21/05-80056-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Carol A. Caminite
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan. 17/05 (941) 992-4868