

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90095 024 ***150.00

DOCUMENT # F67764

1. Entity Name
**WADSWORTH-DOUGLASS DEVELOPMENT
CORPORATION**



Principal Place of Business
**597 COREY AVENUE
SAINT PETERSBURG, FL 33706**

Mailing Address
**597 COREY AVENUE
SAINT PETERSBURG, FL 33706**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082005 Chg-P CR2E034 (10/03)

City & State
St. Pete Beach, FL

City & State
St. Pete Beach, FL

4. FEI Number
59-2213629

Applied For
Not Applicable

Zip
33706

Country
US

Zip
33706

Country
US

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

**DOUGLASS, ROBERT A
597 COREY AVENUE
SAINT PETERSBURG BEACH, FL 33706**

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WADSWORTH, LON C
267-75TH AVENUE
SAINT PETERSBURG BEACH, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Change Addition
597 Corey Avenue
St. Pete Beach, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
DOUGLASS, ROBERT A
267-75TH AVENUE
SAINT PETERSBURG BEACH, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Change Addition
597 Corey Avenue
St. Pete Beach, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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 an other like empowered.

SIGNATURE:

Robert A. Douglass

Robert A. Douglass

4/14/05

(727) 367-5614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #