## 2005 FOR PROFIT CORPORATION

## ANNUAL REPORT

## **DOCUMENT #F67764**

1. Entity Name

WADSWORTH-DOUGLASS DEVELOPMENT CORPORATION



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

04-14-2005 90095 024 \*\*\*150.00

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Principal Plac	ce of Busines	s	Mailing Address									
597 COREY AVENUE			597 COREY AVENUE									
SAINT PETERSBURG, FL 33706			SAINT PETERSBURG, FL 33706									
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2. Principal f	mace of Busil	ness	3. Mailing Address						HAN DIAN BIAN DI			
Suite, Apt.	# elc		Suite, Apt. #, etc.									
Julie, Apr.	. п, ск.		Sand Patrick			04082005	Chg-P	CR2E	:034 (10/03)			
City & Sta			City & State			4. FEI Numb	er		I A	pplied For		
	St. Per	te Beach, FL	St. Pete Beach, FL				59-221	3629		N	ot Applicable	
Zip Country			Zip Country US				F Certificate	of Status Des	ired 🔲	\$8.75 Ad	ditional	
33706 XPXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		33706 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		¥eX	J. Collinoate	o ui piatus Desi		Fee Require	ed			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
DOUGLASS, ROBERT A					Name							
597 CORE			Street Address			ddress (	(P.O. Box Number is Not Acceptable)					
SAINT PETERSKINKS BEACH, FL 33706												
ł					l							
·									F	Zip Cod	le	
City												
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.												
the configuration of registration again.												
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
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FILE NOW!!! FEE IS \$150.00 Steelection Campaign Financing S5.00 May Be Added to Fees												
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10.	T	OFFICERS AND D	<del></del>	11.			ADDITIONS	CHANGES TO	OFFICERS AN			
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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 of the seceiver 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 their like empowered.

SIGNATURE:

Robert A. Douglass 4/11/05 (727) 367–5614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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