

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 17, 2005 8:00 am
Secretary of State

06-17-2005 90002 044 ***550.00

DOCUMENT # F96000002220

1. Entity Name
ARGONAUT DEVELOPMENT GROUP, INC.



Principal Place of Business
3685 SEASIDE DR STE 2
KEY WEST, FL 33030

Mailing Address
3685 SEASIDE DR STE 2
KEY WEST, FL 33030



06072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0698903- - - - - Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUTLER, ROBERT A
3685 SEASIDE DR STE 2
KEY WEST, FL 33040

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC BUTLER, ROBERT A 3900 S ROOSEVELT BLVD KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VVC WALDRON, PAUL L % 1055 N. FAIRFAX ST., 4TH FLOOR ALEXANDRIA, VA 22314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6/7/05 Daytime Phone # _____