2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: <

Mar 05, 2005 08:00 AM Secretary of State DOCUMENT # G19256 1. Entity Name DENVER DEVELOPMENT INCORPORATED Principal Place of Business Mailing Address THEODORE C HOUK 1660 DYER PT RD PALM CITY FL 34990 THEODORE C HOUK 1660 DYER PT RD PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-2245894 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOUK, THEODORE Street Address (P.O. Box Number is Not Acceptable) 1660 DYER POINT ROAD PALM CITY FL 34990 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE Addition U00000252345 03/05/05-80023-016 150.00 HOUK, THEODORE NAME STREET ADDRESS 1660 DYER PT. ROAD STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-SI-ZP ۷P Delete ☐ Change Addition TITLE VOGELEY, DAVID NAME NAME 308 N 15TH ST STREET ADDRESS STREET ADDRESS CITY ST ZIE FT PIERCE FL 34990 CHY-SI-ZIP Delete TITLE Addition Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CULY-ST-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Trill Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP 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.

FILED