

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90038 015 \*\*\*150.00

**DOCUMENT # G19326**

1. Entity Name  
**D.I. DEVELOPERS, INC.**



Principal Place of Business

**11078 US 90 WEST  
DE FUNIAK SPRINGS, FL 32433-6944 US**

Mailing Address

**11078 US 90 WEST  
DE FUNIAK SPRINGS, FL 32433-6944 US**

**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**13-3200498-59-2348597**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BUCCI, FRANK J  
11078 US 90 WEST  
DE FUNIAK SPRINGS, FL 32433-6944**

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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 *Frank J. Bucci, President* *2-5-05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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	P
NAME	BUCCI, FRANK J
STREET ADDRESS	11078 US 90 WEST
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 324336944
TITLE	ST
NAME	SCHANBACK, MARTIN P
STREET ADDRESS	ONE JERICHO PLAZA
CITY-ST-ZIP	JERICHO, NY 117531668
TITLE	VP
NAME	BUCCI, NICHOLAS J
STREET ADDRESS	19 WALNUT STREET
CITY-ST-ZIP	NUNDA, NY 145171266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Frank J. Bucci* *2-5-05 (850) 892-9935*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #