

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90301 038 ***150.00

DOCUMENT # H13781

1. Entity Name
FELLSMERE DEVELOPMENT CORPORATION, INC.



Principal Place of Business
**215 BAYTREE DRIVE
MELBOURNE, FL 32910-0000**

Mailing Address
**215 BAYTREE DRIVE
MELBOURNE, FL 32910-0000**

DO NOT WRITE IN THIS SPACE



03242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2495033

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GLOVER, JOSEPH H
1825 S RIVERVIEW DR
MELBOURNE, FL 32901**

**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

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GLOVER, JOSEPH H.
STREET ADDRESS	3109 S. MAIN STREET
CITY-ST-ZIP	MELBOURNE, FL
TITLE	SD
NAME	REINMAN, JAMES L.
STREET ADDRESS	1825 S RIVERVIEW DR
CITY-ST-ZIP	MELBOURNE, FL
TITLE	TD
NAME	ARMSTRONG, RAYMOND A.
STREET ADDRESS	1331 S VALENTINE STREET
CITY-ST-ZIP	MELBOURNE, FL
TITLE	TD
NAME	CHARLES W. HOYMAN JR
STREET ADDRESS	215 BAYTREE DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32940
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 exemptions contained in Chapter 119, 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

APRIL 20, 2006 321-255-0088

Date

Daytime Phone #