2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # H28947 1. Entity Name LOPER-GREENE DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 5336 BOLD VENTURE PLACE WESLEY CHAPEL FL 33544 5336 BOLD VENTURE PLACE WESLEY CHAPEL FL 33544 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2474953 Not Applicate Zip Country Zip 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 LOPER, EDWARD T. Street Address (P.O. Box Number is Not Acceptable) 5336 BOLD VENTURE PL WESLEY CHAPEL FL 33544 City 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 access the obligations of registered agent. SIGNATURE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May P After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TeTa F Change Acidiii LOPER, EDWARD T NAME NAME V00000311423 04/18/05-80044-018 150.00 STREET ANDRESS 5336 BOLD VENTURE PL STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL FL 33544 CHY-SI-ZIP TITLE Delete FITLE ☐ Change Addition NAME HARRIGAN, KIMBERLY NAME STREET ADDRESS 3955 WATERVIEW LOOP STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-7/P TITLE ☐ Delete TITLE Change Adminic NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7IP TITLE MILE ☐ Delete ☐ Change Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST 7(P CITY-ST-ZIP TITLE ☐ Delete TILLE ☐ Change Additio NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete HILE Change Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY STU/IP CITY-ST-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 changed, or on an attachment with an address, with all other like empowered.

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