

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90123 029 \*\*\*150.00

**DOCUMENT # J21071**

1. Entity Name  
D.V.B. DEVELOPMENT CORPORATION



Principal Place of Business  
C/O GARY VAN BROCK  
150 N US HIGHWAY ONE, SUITE 5  
TEQUESTA, FL 33469 US

Mailing Address  
C/O GARY VAN BROCK  
150 N US HIGHWAY ONE, SUITE 5  
TEQUESTA, FL 33469 US

**50007106**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202006

Chg-P

CR2E034 (11/05)

4. FEI Number  
59-2716759

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

VAN BROCK, GARY  
150 N US HIGHWAY ONE, SUITE 5  
TEQUESTA, FL 33469

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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**  
**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 NAME	PD VAN BROCK, GARY	<input type="checkbox"/> Delete
STREET ADDRESS	11991 SE TIFFANY WAY	
CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE NAME	VD GRAHAM, SUSAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3925 W 43RD ST	
CITY-ST-ZIP	CHICAGO, IL	
TITLE NAME	STD DORNER, GREGG H	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3925 W 43RD ST	
CITY-ST-ZIP	CHICAGO, IL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PTD Van Brock, Gary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	150 N. U.S. Highway One, Suite 5	
CITY-ST-ZIP	Tequesta, FL 33469	
TITLE NAME	VSD Van Brock, Brian	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	150 N. U.S. Highway One, Suite 5	
CITY-ST-ZIP	Tequesta, FL 33469	
TITLE NAME	VD Van Brock, Gail	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	150 N. U.S. Highway One, Suite 5	
CITY-ST-ZIP	Tequesta, FL 33469	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*Gary Van Brock*

Gary Van Brock, President

3/20/2006

561-346-1944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone