## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 02, 2006 08:00 AM DOCUMENT # J36307 **Secretary of State** 1. Entity Name FOUR D DEVELOPMENT, INC. Principal Place of Business Mailing Address 913 NEWBERGER ROAD PO BOX 1641 LUTZ, FL 33549 LUTZ, FL 33549 The first of the second of 02092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2880959 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WORLEY, DAVID J. DO NOT WRITE 913 NEWBERGER ROAD LUTZ, FL 33549 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS - Carlot Commission Commission File Commission Commissi PTS TITLE NAME WORLEY, DAVID J. STREET ADDRESS 913 NEWBERGER ROAD CITY-ST-ZIP LUTZ, FL 33549 U00000452670 03/13/16-20000 DV DB.F WORLEY, DAVID J. NAME 913 NEWBERGER ROAD STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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: SIGNATURE AND TO PRED OR PRINTED NAME OF SIGNING OFFICER O

David TWorky 27/2804

949-5875

**FILED**