

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # J66250 1. Entity Name EXECUTIVE DEVELOPMENT CORPORATION					
Principal Place of Business 5150 N TAMiami TRAIL STE 601 NAPLES FL 34103 US			Mailing Address 5150 N TAMiami TRAIL STE 601 NAPLES FL 34103 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2795945 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEWALLEN, PHILLIP 110 DOMINICA LANE BONITA SPRINGS FL 34134				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May 1 Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	KLINGLER, RICHARD E		NAME	U000000409562 02/08/06-80103-022 150.00	
STREET ADDRESS	996 ADMIRALTY PARADE EAST		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP		
TITLE	PTD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	LEWALLEN, PHILLIP		NAME		
STREET ADDRESS	110 DOMINICA LANE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	KEINGER, PAULINE		NAME		
STREET ADDRESS	996 ADMIRALTY PARADE EAST		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34132		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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					
Date _____ Daytime Phone # _____					