

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90398 001 ***300.00

DOCUMENT # K23718

1. Entity Name
REVE DEVELOPMENT CORP.



Principal Place of Business
**82 EAST NINE MILE RD
PENSACOLA, FL 32514 US**

Mailing Address
**P.O. BOX 7025
PENSACOLA, FL 32534 US**

66012348



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2904547

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NOEL, RAYMOND A PRES
~~8990 NORTH DAVIS HWY #64~~
~~PENSACOLA, FL 32514~~
1512 TEMPLEMOORE DR
CANTONMENT, FL 32533**

**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.

RAYMOND A. NOEL
(NOTE: Registered Agent signature required when reinstating)

4/19/06
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 STREET ADDRESS CITY-ST-ZIP	PRES NOEL, RAYMOND A 8990 DAVIS HWY. #64 PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRE NOEL, GEORGE C 3600 VANTAGE RD CANTONMENT, FL 32533
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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 an other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 (850) 477-2132
Date Daytime Phone #