

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

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

02-27-2006 90051 048 ***150.00

DOCUMENT # L19510

1. Entity Name
HUMANITY DEVELOPMENT, INC



DO NOT WRITE IN THIS SPACE

40018427

2. Principal Place of Business
402 N. LAKE SIDE LAKE WORTH

3. Mailing Address
402 NORTH LAKE SIDE FOR LAKE WORTH, FL 33460

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (8/05)

City & State
LAKE WORTH, FLORIDA

City & State
LAKE WORTH

4. FEI Number
650214266

Applied For
Not Applicable

Zip
33460

Country
PAHA BEACH USA

Zip
33460

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOHN J BROZ

Street Address (P.O. Box Number is Not Acceptable)
402 N. LAKE SIDE PA

City
LAKE WORTH

FL

Zip Code
33460

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

JOHN J BROZ

2-20-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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
PRESIDENT
JOHN J BROZ
402 N. LAKE SIDE PA
LAKE WORTH FL 33460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J BROZ

Date

Daytime Phone #

2/20/06 (561) 582 8695