

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2007 8:00 am**  
**Secretary of State**

05-23-2007 90027 049 \*\*\*150.00

**DOCUMENT # L19510**

1. Entity Name  
**HUMANITY DEVELOPMENT, INC.**



Principal Place of Business  
**402 N LAKESIDE DR.  
LAKE WORTH, FL 33460 US**

Mailing Address  
**402 N. LAKESIDE DR.  
LAKE WORTH, FL 33460 US**

40118004



2. Principal Place of Business - No P.O. Box #  
**402 N LAKESIDE DR.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05042007

Chg-P

CR2E034 (12/06)

City & State

**LAKE WORTH, FL 33460**

City & State

4. FEI Number

**65-0214266**

Applied For

Not Applicable

Zip **33460**

Country **USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**BROZ, JOHN J.  
402 N. LAKESIDE DRIVE  
LAKE WORTH, FL 33460**

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 \$550.00  
Due by September 14, 2007**

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  
**P  
BROZ, JOHN J. SR.  
402 N. LAKESIDE DRIVE  
LAKE WORTH, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 line empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-24-07

582 8695

ATTACHMENT 40118002

Division of Corporations

## Annual Report

Annual Report Data

Document Number

119410

Business Name

HUMANITY DEVELOPMENT, INC.

FEI Number

600214255

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Good Standing

☐ Yes ☒ No \$5.00/month

Election Campaign Financing/Terr Fund Contribution

☐ Yes ☒ No

## Principal Place of Business

Address

402 N LAKE SHORE DR

Suite, Apt. #, etc.

City, State

LAKE WORTH

FL

Zip Code &amp; Country

33460

US

## Mailing Address

Address

402 N LAKE SHORE DR

Suite, Apt. #, etc.

City, State

LAKE WORTH

FL

Zip Code &amp; Country

33460

US

## Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- (b) -

Business to leave in RA

600214255

Address (FEI form is not applicable) 402 N LAKE SHORE DR

Suite, Apt. #, etc.

City, State

LAKE WORTH

FL

Zip Code &amp; Country

33460

US

If there is a change in registered agent, the new agent will need to type their name in the "Registered Agent Signature" block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT 40118002# 619570

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically, as for made with the full knowledge and permission of the individual, otherwise it constitutes forgery under 288.100, Florida Statute.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you must file the annual report online. You will need to download an annual report and file the additional officers/directors, (first), name and address on an attachment.

Title

P

Name (Last, First, Middle, Title)

-OR-

Entity Name as shown on  
Officer/Director

DAVID KIM J. SR

Street Address

402 N. LAKESIDE DRIVE

City, State

LAKE WORTH

FL

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

-OR-

Entity Name as shown on  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

-OR-

Entity Name as shown on  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

Title