## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 03, 2005 08:00 AM Secretary of State

DOCUMENT # L91828  1. Entity Name FLORIDAYS DEVELOPMENT CO.							Se	cretary or s	siaic
Principal Plac 73 S. PALM I SUITE 223 SARASOTA, F	AVE	P.(	ing Address ), BOX 15592 RASOTA, FL 3427	7 US		1/24/28/	HAR KUNDA HARDA JARKO KUDUA SAKI	1914 - 1914 - 1914 - 1914 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919	()    ( <b>15</b> )
	***************************************		n - Kong Thomas y 4	hilat o si sista, a ta, a ta,					
D	O NOT	WRITE IN	THIS S	SPAC		05312005 4. FEI Numb		CR2E034 (10/03)	ied For
i	. — -ди	The state of the s	Market Company of the	And I see the see	1 m.	59-314		Not A	Applicable onal
6. Name and Address of Current Registered Agent						PROPERTY OF THE PARTY OF THE PA		Carloquied	
73 S. PALI 223	ANGUS C. M AVE. A, FL 34236					NOT W		, <u> </u>	
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)  OATE									
FILE NOW!!! FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign FI Trust Fund Contributi						\$5.00 May Be Added to Fees	LOO May Be led to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10, OFFICERS AND DIRECTORS									
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPV ROGERS, ANG 73 S. PALM AV SARASOTA, FL	E #223	• •	<u> </u>			<u></u>		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROGERS, ANGUS C. 73 S. PALM AVE. #223 SARASOTA, FL 34236				000000368946 06/03/05-80004-022 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del></del>				DO	NOT W	RITE	·—
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		* <u>*</u>	IN	THIS SF	PACE	į
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 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 eath; that I am an officer or director of the corporation or the acceiver 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									