


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90288 034 \*\*\*150.00

<b>DOCUMENT # M91613</b> 1. Entity Name <b>DOWNS DEVELOPMENT CORPORATION</b>			
Principal Place of Business <b>777 NORTH HIGHWAY A1A, SUITE 201 INDIALANTIC, FL 32903</b>		Mailing Address <b>777 NORTH HIGHWAY A1A, SUITE 201 INDIALANTIC, FL 32903</b>	
2. Principal Place of Business <b>2050 SOUTH PATRICK DRIVE</b> Suite, Apt. #, etc. <b>SUITE B</b>		3. Mailing Address <b>2050 SOUTH PATRICK DRIVE</b> Suite, Apt. #, etc. <b>SUITE B</b>	
City & State <b>INDIAN HARBOUR BEACH, FL</b>		City & State <b>INDIAN HARBOUR BEACH, FL</b>	
Zip <b>32937</b>	Country <b>USA</b>	Zip <b>32937</b>	Country <b>USA</b>
4. FEI Number <b>59-2902324</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MOSLEY, CURTIS ATTY. 1221 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST DOWNS, THOMAS M. 777 NO. HWY. A1A, #201 INDIALANTIC, FL 329033049	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST DOWNS, THOMAS M. 2050 SOUTH PATRICK DRIVE, SUITE B INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOWNS, THOMAS M. 777 NO. HWY. A1A, #201 INDIALANTIC, FL 329033049	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOWNS, THOMAS M. 2050 SOUTH PATRICK DRIVE, SUITE B INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>4/29/05</b> Daytime Phone #: <b>321-725-3000</b>	

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