

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000000058

FILED
Jan 09, 2006
Secretary of State

Entity Name: CABBAGE PALM DEVELOPMENT, INC.

Current Principal Place of Business:

13300 56 S. CLEVELAND AVE.
PMB 236
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

13300-56 S CLEVELAND AVE
PMB 236
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0975580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, BRIAN A
13300 56 S. CLEVELAND AVE.
PMB 236
FT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAILEY, RAYMOND
Address: 12581 WALDEN RUN
City-St-Zip: FORT MYERS, FL 33913

Title: D () Delete
Name: PARNES, MARC I
Address: 15620 SW 74TH AVE.
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: DAVIS, CHARLES D
Address: 11201 SW 72ND COURT
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: OWENS, BRIAN A
Address: 13300-56 S. CLEVELAND AVE, PMB 236
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN OWENS

D

01/09/2006

Electronic Signature of Signing Officer or Director

Date