

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90330 007 \*\*\*150.00

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<b>DOCUMENT # P00000031672</b> 1. Entity Name R.P.L. DEVELOPMENT, INC.					
Principal Place of Business 503 N. ORLANDO AVENUE #105 COCOA BEACH, FL 32931			Mailing Address 503 N. ORLANDO AVENUE #105 COCOA BEACH, FL 32931		
2. Principal Place of Business 601 W. Colonial Dr			3. Mailing Address 601 W. Colonial Dr		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Orlando, FLORIDA			City & State Orlando, FLORIDA		
Zip 32801			Zip 32801		
Country USA			Country USA		
4. FEI Number 59-3633787				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SHOEMAKER, JOHN B 503 N. ORLANDO AVENUE #105 COCOA BEACH, FL 32931				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 601 W. Colonial Dr City Orlando FL Zip Code 32801	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: 4/22/05					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KODSI, ALBERT 503 N. ORLANDO AVENUE #105 COCOA BEACH, FL 32931	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBERT KODSI 601 N. COLONIAL DR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KODSI, JOSEPH 503 N. ORLANDO AVENUE #105 COCOA BEACH, FL 32931	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOSEPH KODSI 1499 W. PALMETTO PARK RD #200 BOCA RATON, FL 33456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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.					
SIGNATURE:  DATE: 4/22/05 DAYTIME PHONE #: 407 294 7931					