

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000041539

1. Entity Name
3600 DEVELOPMENT CORP.



Principal Place of Business
3701 FAU BLVD STE 205
BOCA RATON, FL 33431

Mailing Address
3701 FAU BLVD STE 205
BOCA RATON, FL 33431

FILED
Mar 21, 2005 08:00 AM
Secretary of State

PAID

FEB 10 2005
CK 1569 \$150.-



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number
06-1582757

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HEAD, THOMAS A
3701 FAU BLVD, STE 205
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEAD, THOMAS A
STREET ADDRESS	3701 FAU BLVD, STE 205
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000270520
03/21/05-80010-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #