


FILED
May 30, 2007 8:00 am
Secretary of State

04-25-2007 90200 033 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/

66017134

DOCUMENT # P0000060350			
1. Entity Name DEVELOP CORP.			
Principal Place of Business 1602 SW 27TH TERR. #1602 CAPE CORAL, FL 33914		Mailing Address 1602 SW 27TH TERR. #1602 CAPE CORAL, FL 33914	
2. Principal Place of Business - No P.O. Box # 3814 NW 14th TERR State, Apt. #, etc. CAPE CORAL, FL City & State 33993 Zip		3. Mailing Address 3814 NW 14th TERR State, Apt. #, etc. CAPE CORAL, FL City & State 33993 Zip	
Country LEE		Country LEE	
4. FEI Number 65-1016087		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent DEVESA, BENIGNO 1602 SW 27TH TERR. CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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: <u>Benigno Devesa</u> <small>Signature, typed or in full name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	PD DEVESA, BENIGNO 1602 SW 27TH TERR. CAPE CORAL, FL 33914 <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
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 exemptions contained 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 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: <u>Benigno Devesa</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/20/07 <small>Date</small>	

P.O. BOX 97
BROOKFIELD WI 53008-0097

00448

OSI Collection Services, Inc.

ATTACHMENT

66017192
P00000060350

CREDITOR: Florida Department of Revenue
DATE: MAY 15, 2007
Business Partner #: 0001179029
Contract Object #: 1134598
FEIN: 651016087
Tax Type: Corporate Income Tax

DEVELOP CORPORATION
3614 NW 14TH TER
CAPE CORAL FL 33993-2507

We are writing you at the request of our client, the Florida Department of Revenue because their records indicate you did not file a Florida corporate income tax return (Form F-1120 or F-1120A) or a request for extension of time to file (Form F-7004) for the tax period(s) listed below.

Generally if you are required to file a federal return for the period(s) in question, you are also required to file a Florida corporate income tax return, even if no tax is due.

If you are required to file a return and have not done so, please attach the completed tax return(s), along with the supporting federal return(s) to this letter and mail them to the department at the address below. The tax return(s) for these periods were previously provided to you by the Department of Revenue. However, if you cannot locate the tax return(s) for the delinquent period(s), you may contact the Department of Revenue at 1-850-922-9645 and select the menu option to order forms. You may also order forms on the internet at <http://www.myflorida.com/dor/forms/>. Do not forget to enclose your payment for any tax, penalty and interest due. **A MINIMUM PENALTY OF \$50 PER MONTH UP \$300 IS DUE FOR EACH LATE FILED RETURN.**

If you believe the department's records are in error and the return or extension of time has been filed for the period(s) in question, please attach a copy of the completed and signed return and/or extension of time. Also attach a copy of the front and back of the canceled check, if applicable, and complete the following. Return this form, with the requested attachments to the address listed below.

Business name on return: _____

FEIN (if different from above): _____

Date filed: _____

If you were not required to file a return, please indicate why:

Business Closed _____
MO DAY YR

Date Incorporated _____
MO DAY YR

Tax Exempt - Attach copy of Determination Letter from IRS.

S Corporation - Attach copy of the first four pages of federal Form 1120S.

Homeowners Association - Attach copy of page 1 of federal Form 1120H.

Consolidated Filer - Attach an Affiliation Schedule, Form F851 or federal Form 11251

Other

Delinquent Tax Period(s):

2006

NOTICE: Please see reverse side for important information.

Mail your completed tax return and payment to:

Florida Department of Revenue
Collection Agency Section
PO Box 8045
Tallahassee, FL 32314-8045