## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## 03-01-2007 90008 025 \*\*\*150.00 DOCUMENT # P00000099573 TEITELBAUM DEVELOPERS, INC. 40026502 Principal Place of Business Mailing Address 115 THIRD ST., SOUTH 115 THIRD ST., SOUTH BRADENTON BEACH, FL 34217 BRADENTON BEACH, FL 34217 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 65-1056042 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TEITELBAUM, DAVID Street Address (P.O. Box Number is Not Acceptable) 115 THIRD STREET SOUTH BRADENTON BEACH, FL 34217 City Zip Code FL 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) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete HILE Change ☐ Addition TEITELBAUM, DAVID NAME MARRE STREET ADDRESS 115 THIRD ST., SOUTH STREET ADDRESS CITY-ST-ZIP BRADENTON BEACH, FL 34217 CITY ST ZIP THE Delete THE K Change ☐ Addition NAYLOR, PENELOFE NAYLOR, PENELOPE NAME STREET ADDRESS 75 TIDY ISLAND BLVD STREET ADDRESS CITY-ST-ZiP BRADENTON, FL 34210 CITY - ST - 71P BIFACH PL 34217 VΡ TITLE Delete TITLE Change Addition NAME BETTS, DAWN NAME 115 THIRD ST S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON BEACH, FL 34217 CITY-ST-ZIP Addition TITLE Delete 10116 Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY ST-ZIP ☐ Addition TITLE Delete THILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Delete Change Addition TITLE TITLE NAME STREEL ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP 12. I hereby certify that the information indicated on this report or supplier es not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information wrate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director etute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the empowered. ri supplied with mental report true and a of the corporation or the receichanged, or on an attachmen or trustee emi vered to ex

DAVID TET TOLBANK

941-778-0156

FILED Mar 01, 2007 8:00 am

**Secretary of State**