

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90330 001 \*\*\*\*75.00  
04-29-2005 90330 002 \*\*\*\*75.00

66013999



04192005 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3682383  
Applied For  
Not Applicable

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

DOCUMENT # P00000106564  
1. Entity Name  
STOCK DEVELOPMENT ASSOCIATES, INC.



Principal Place of Business Mailing Address  
4501 TAMiami TRAIL 4501 TAMiami TRAIL  
STE 300 STE 300  
NAPLES, FL 34103 NAPLES, FL 34103

2. Principal Place of Business 3. Mailing Address  
4501 Tamiami Trail North 4501 Tamiami Trail North  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
Suite 300 Suite 300  
City & State City & State  
Naples, FL Naples, FL  
Zip Country Zip Country  
34103 USA 34103 USA

6. Name and Address of Current Registered Agent  
COLEMAN, ESQ., KEVIN G  
GOODLETTE, COLEMAN & JOHNSON, P.A.  
4001 TAMiami TR N, STE 300  
NAPLES, FL 34103

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

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                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>STOCK, K. C.<br>4501 TAMiami TRAIL STE 300<br>NAPLES, FL 34103 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>Stock, K.C.<br>4501 Tamiami Trail North, Suite 300<br>Naples, FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>STOCK, BRIAN K<br>4501 TAMiami TRAIL STE 300<br>NAPLES, FL 34103 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>Stock, Brian K.<br>4501 Tamiami Trail North, Suite 300<br>Naples, FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>BLACK, BRAD<br>4501 TAMiami TRAIL STE 300<br>NAPLES, FL 34103 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DP<br>Black, Brad<br>4501 Tamiami Trail North, Suite 300<br>Naples, FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: Brian Stock 4.26.05 239 592 7344  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #