2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000034958

1. Entity Name
FIVE DIVER DEVELOPMENT, CORP.

Principal Place of Business
10479 VIA DEL SOL
ORLANDO, FL 32817

Mailing Address
10479 VIA DEL SOL
ORLANDO, FL 32817

02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3711487
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOROWITZ, EDNA I
208 TIDE AVE.
TAVERNIER, FL 33070

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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

TITLE	PD
NAME	CHRISTINO, GEORGE L
STREET ADDRESS	6520 PINECASTLE BLVD
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	VPD
NAME	BURNS, DONALD
STREET ADDRESS	2520 E. JACKSON STREET
CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	TD
NAME	GRIMES, GARY J
STREET ADDRESS	10479 VIA DEL SOL
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	SD
NAME	RAWLEIGH, SHANE
STREET ADDRESS	6520 PINECASTLE BLVD
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/03/05-80027-009 150.00

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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 #