

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000046126

1. Entity Name  
AN DEVELOPMENT, INC.



Principal Place of Business  
4300 WEST CYPRESS STREET  
SUITE 150  
TAMPA, FL 33607 US

Mailing Address  
4300 WEST CYPRESS STREET  
SUITE 150  
TAMPA, FL 33607 US



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3731144

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

STEINER, ALFRED F II  
4300 WEST CYPRESS ST  
STE 150  
TAMPA, FL 33607

**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)

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 P  
NAME STEINER, ALFRED F II  
STREET ADDRESS 4300 WEST CYPRESS ST STE 150  
CITY - ST - ZIP TAMPA, FL 33607

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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000000179053  
01/13/05-80003-007 150.00

**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 #

ALFRED F STEINER II 1/11/05 (813) 350-9399