

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90189 030 \*\*\*150.00

**DOCUMENT # P01000088306**

1. Entity Name  
PROSPERITY DEVELOPMENT GROUP, INC.



Principal Place of Business **SUITE 321**  
~~872 COLORADO AVE~~ 759 S. FEDERAL HWY  
STUART, FL 34994 US

Mailing Address **SUITE 321**  
~~872 COLORADO AVE~~ 759 S. FEDERAL HWY  
STUART, FL 34994 US

**DO NOT WRITE IN THIS SPACE**



03062008 No Chg-P CR2E034 (11/05)

4. FEI Number **65-1135741** Applied For  
Not Applicable

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

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

GIUNTA, DAVID R  
~~872 COLORADO AVE~~ 759 S. FEDERAL HIGHWAY  
STUART, FL 34994 STUART, FL 34994

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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, 2008 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	GIUNTA, DAVID R
STREET ADDRESS	<del>872 COLORADO AVE</del> 759 S. FEDERAL HWY #321
CITY-ST-ZIP	<del>STUART, FL 34994</del> STUART, FL 34994
TITLE	V
NAME	WILLIAMS, JAMES M
STREET ADDRESS	<del>872 COLORADO AVE</del> 759 S. FEDERAL HWY #321
CITY-ST-ZIP	<del>STUART, FL 34994</del> STUART, FL 34994
TITLE	V
NAME	GROPP, TERRY A
STREET ADDRESS	<del>872 COLORADO AVE</del> 759 S. FEDERAL HWY #321
CITY-ST-ZIP	<del>STUART, FL 34994</del> STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*David R Giunta* 4/25/08 772-528-2693