2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000121262

1. Entity Name
SOUTH END DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
6129 OLD PASCO ROAD WESLEY CHAPEL, FL 33544	6129 OLD PASCO ROAD WESLEY CHAPEL, FL 33544

DO NOT WRITE IN THIS SPACE

03212006 No Chg-P CR2E034 (11/05)

4. FEI Number
26-0006482
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COZZO, MARGARET
6129 OLD PASCO ROAD
WESLEY CHAPEL, FL 33544

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000478770
~~04/06/06 00013-020 150.00~~

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COZZO, NICHOLAS
STREET ADDRESS	6129 OLD PASCO ROAD
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544
TITLE	D
NAME	COZZO, MARGARET
STREET ADDRESS	6129 OLD PASCO ROAD
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 empowerment.

SIGNATURE: _____ 3-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #