



**2005 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
May 23, 2005 8:00 am
Secretary of State

04-25-2005 90264 045 ***150.00

DOCUMENT # P01533		
1. Entity Name PARK AVENUE DEVELOPMENT CORPORATION		
Principal Place of Business 535 PARK AVENUE NORTH SUITE 224 WINTER PARK, FL 32789		Mailing Address P.O. BOX 1508 WINTER PARK, FL 32790-1508
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILLIAMS, WARREN 28 W. CENTRAL BLVD., SUITE 401 ORLANDO, FL 32803 P.O. Box 1508 535 N. Park Ave. Winter Park, FL 32790 32789		66018489  02162005 No Chg-P CR2E034 (10/03) 4. FEI Number 13-3017252 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
DO NOT WRITE IN THIS SPACE		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASTP UDO, GARBE P.O. BOX 1508 WINTER PARK, FL 327901508	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARBE, UDO P.O. BOX 1508 WINTER PARK, FL 327901508	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GARBE, BERNHARD P.O. BOX 1508 WINTER PARK, FL 327901508	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS GARBE, ANGELIKA P.O. BOX 1508 WINTER PARK, FL 327901508	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>UDO GARBE</u> _____ SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		407-629-9082 _____ Daytime Phone #