


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90395 024 \*\*\*158.75

**DOCUMENT # P02000023989**

1. Entity Name  
**LAUREN DEVELOPMENT CORPORATION**



Principal Place of Business  
**5475 LEE ST  
 UNIT 303  
 LEHIGH ACRES, FL 33971**

Mailing Address  
**6635 WILLOW PARK DRIVE  
 NAPLES, FL 34109**

2. Principal Place of Business - No P.O. Box #  
**5580 8th Street West**

3. Mailing Address  
**5580 8th Street West**

Suite, Apt. #, etc. **Suite 617**

City & State  
**Lehigh Acres, FL**

City & State  
**Lehigh Acres, FL**

Zip **33971** Country **USA**

**40087803**



04252007 Chg-P CR2E034 (12/06)

4. FEI Number  
**30-0110352**

Applied For  
 Not Applicable

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

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

**STARLING, HEYWARD B  
 10090 VALIANT CT. #201  
 MIROMAR LAKES, FL 33913**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>VPS</b>	<input type="checkbox"/> Delete
NAME	<b>DIEMONT, DAVID B</b>	
STREET ADDRESS	<b>28650 ALTESSA WAY NO 201</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DEANGELIS, JOHN M</b>	
STREET ADDRESS	<b>2316 HARRIER RUN</b>	
CITY-ST-ZIP	<b>NAPLES, FL 31405</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>STARLING, HEYWARD B</b>	
STREET ADDRESS	<b>10090 VALIANT CT. #201</b>	
CITY-ST-ZIP	<b>MIROMAR LAKES, FL 33913</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Diamond, David B</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**  **Heyward Starling** **4/26/07**

DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_