

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000077592

1. Entity Name
C2FS DEVELOPMENT CORPORATION



Principal Place of Business
**11300 4 ST N STE 200
ST PETERSBURG, FL 33716-2940**

Mailing Address
**11300 4 ST N STE 200
ST PETERSBURG, FL 33716-2940**



03032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0484223

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHADWICK, JAMES M
11300 4 ST N STE 200
ST PETERSBURG, FL 33716-2940**

**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 reappointing)

DATE

**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

**U00000479807
04/10/06-80017-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
SEMBLER, M STEVEN
11300 4 ST N STE 200
ST PETERSBURG, FL 337162940**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
CHADWICK, JAMES M
11300 4 ST N STE 200
ST PETERSBURG, FL 337162940**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
FLEETING, ROBERT
11300 4 ST N STE 200
ST PETERSBURG, FL 337162940**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHADWICK, HARRY R
11300 4 ST N STE 200
ST PETERSBURG, FL 337162940**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
PENNALA, JUDY L
11300 4 ST N STE 200
ST PETERSBURG, FL 337162940**

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 empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Chadwick, President

3/6/06 (727) 577-9197

Date

Daytime Phone #