

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90026 030 \*\*\*150.00

**DOCUMENT # P02000078227**

1. Entity Name  
**CDV 505, INC.**



Principal Place of Business  
**6120 SW 37 WAY  
GAINESVILLE, FL 32608**

Mailing Address  
**6120 SW 37 WAY  
GAINESVILLE, FL 32608**



01102005 No Chg-P CF2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>02-0642977</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**VANSICKLE, JOHN**  
**4216 NW 77TH TERRACE** *6120 SW 37 Way*  
**GAINESVILLE, FL 32608** *Gainesville, FL 32608*

**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 *John VanSickle Secretary* *John VanSickle* **2-8-05**  
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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VANSICKLE, KRISTEN 6120 SW 37 WAY GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VANSICKLE, CARL 6120 SW 37 WAY GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST VANSICKLE, JOHN 6120 SW 37 WAY GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(f), 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: *John VanSickle* **John VanSickle**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/9/05** **(352) 392-1881 x221**  
Date Daytime Phone #