2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078227

6120 SW 37 WAY

GAINESVILLE, FL 32608

Address: City-St-Zip:

Entity Name: CDV 505, INC

FILED Jul 15, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
6120 SW (GAINESVI	37 WAY ILLE, FL 32608				
Current Mailing Address:			New Mailing Address:		
6120 SW (GAINESVI	37 WAY ILLE, FL 32608				
FEI Number	: 02-0642977	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
GAINESVI The above in the State	37TH WAY ILLE, FL 32608 e named entity s e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI					
	ce with s. 607.193	ic Signature of Registered Age 8(2)(b), F.S., the corporation did no Trust Fund Contribution ().		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () VANSICKLE, KF 6120 SW 37 WA GAINESVILLE, I	Υ Υ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () VANSICKLE, CA 6120 SW 37 WA GAINESVILLE, I	Υ Υ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	ST () VANSICKLE, JO	Delete HN	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOHN J VANSICKLE ST 07/15/2007