

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90330 004 \*\*\*150.00

DOCUMENT # P02000099781

1. Entity Name  
N.T.O. DEVELOPMENT COMPANY



Principal Place of Business  
~~503 N. ORLANDO AVE STE 105~~  
~~COCOA BEACH, FL 32931~~

Mailing Address  
503 N. ORLANDO AVE STE 105  
COCOA BEACH, FL 32931

2. Principal Place of Business  
601 W. Colonial Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
601 W. Colonial Dr.  
Suite, Apt. #, etc.



04062005 Chg-P CR2E034 (10/03)

City & State  
Orlando, FL  
Zip  
32801  
Country  
USA

City & State  
Orlando, FL  
Zip  
32801  
Country  
USA

4. FEI Number  
82-0564871  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SHOEMAKER, JOHN B  
~~503 N. ORLANDO AVE STE 105~~  
~~COCOA BEACH, FL 32931~~

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
601 W. Colonial Dr.  
City Orlando FL Zip Code 32801

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 reinstating)

DATE

4/22/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	KODSI, ALBERT	503 N. ORLANDO AVE STE 105	COCOA BEACH, FL 32931	<input type="checkbox"/>
VP	SHOEMAKER, JOHN B	503 N. ORLANDO AVE STE 105	COCOA BEACH, FL 32931	<input type="checkbox"/>
VPT	COHEN, ODED	4432 PKWY COMMERCE BLVD	ORLANDO, FL 32808	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	ALBERT KODSI	601 W. COLONIAL DR	ORLANDO, FL 32801	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	JOHN B. SHOEMAKER	601 W. COLONIAL DR	ORLANDO, FL 32801	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPT	ODED COHEN	601 W. COLONIAL DR	ORLANDO, FL 32801	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	STEREN KODSI	601 W. COLONIAL DR	ORLANDO, FL 32801	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/05

407 294 7931