


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90095 040 ***158.75

DOCUMENT # P02000099809					
1. Entity Name CORDOBA DEVELOPMENT 100, INC.					
Principal Place of Business 3802-A GUNN HIGHWAY TAMPA, FL 33618			Mailing Address 3802-A GUNN HIGHWAY TAMPA, FL 33618		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CASTELLO, JOE 11700 NO. 58TH STREET SUITE F TAMPA, FL 33617				7. Name and Address of New Registered Agent Name <u>Ponton, Lance</u> Street Address (P.O. Box Number is Not Acceptable) <u>15100 HUTCHISON RD.</u> City <u>Tampa</u> FL <u>33625</u>	
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 <u>Lance Ponton</u> DATE <u>4/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PONTON, LANCE 3802-A GUNN HIGHWAY TAMPA, FL 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Ponton, Lance</u> <u>15100 HUTCHISON RD.</u> <u>Tampa, FL 33625</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VERNICEK, ROBERT S MAIN RD., RT. 202 MONTVILLE, NJ 07045	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Lance Ponton</u>			4-28-06 813-961-4341		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

60037561



04052006 Chg-P CR2E034 (11/05)

4. FEI Number
34-1981718

Applied For
Not Applicable

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