


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000114571 <small>1. Entity Name</small> ST. CLARE DEVELOPMENT & PROPERTY MANAGEMENT COMPANY, INC.					
<small>Principal Place of Business</small> 548 S. HIGHWAY 27, SUITE C MINNEOLA, FL 34715		<small>Mailing Address</small> 548 S. HIGHWAY 27, SUITE C MINNEOLA, FL 34715			
<h2>DO NOT WRITE IN THIS SPACE</h2>					
 03212006 No Chg-P CR2E034 (11/05)					
4. FEI Number 04-3720063			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><small>Applied For</small></td> </tr> <tr> <td style="padding: 2px;"><small>Not Applicable</small></td> </tr> </table>	<small>Applied For</small>	<small>Not Applicable</small>
<small>Applied For</small>					
<small>Not Applicable</small>					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HESSBURG, DANIEL J 548 S. HIGHWAY 27, SUITE C MINNEOLA, FL 34715		<h2>DO NOT WRITE IN THIS SPACE</h2>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>(NOTE: Registered Agent signature required when resigning)</small> <small>DATE</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		000000555175 05/15/06-50024-009 150.00			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D HESSBURG, DANIEL J 548 S. HIGHWAY 27, SUITE C MINNEOLA, FL 34715	<h2>DO NOT WRITE IN THIS SPACE</h2>			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D GRAFF, MARK J 548 S. HIGHWAY 27, SUITE C MINNEOLA, FL 34715				
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> 4/26/06 352-391 </div> <small>Date</small> <small>Daytime Phone #</small>			