
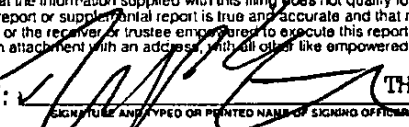


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000010692		
1. Entity Name ENTWISTLE DEVELOPMENT, INC.		
Principal Place of Business 1602 W SLIGH AVENUE SUITE 300 TAMPA, FL 33604		Mailing Address 1602 W SLIGH AVENUE SUITE 300 TAMPA, FL 33604
2. Principal Place of Business 1117 CELEBRATION AVE Suite, Apt. #, etc.		3. Mailing Address 1117 CELEBRATION AVE Suite, Apt. #, etc.
City & State CELEBRATION, FL		City & State CELEBRATION, FL
Zip 34747	Country	Zip 34747
4. FEI Number 22-3893490		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GRESHAM, GREGORY L 1602 W SLIGH AVENUE SUITE 300 TAMPA, FL 33604		7. Name and Address of New Registered Agent Name THOMAS P. ENTWISTLE Street Address (P.O. Box Number is Not Acceptable) 1117 CELEBRATION AVE City CELEBRATION FL Zip Code 34747
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 _____ THOMAS P. ENTWISTLE, PRESIDENT <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DP ENTWISTLE, TOM P 1602 W SLIGH AVENUE, SUITE 300 TAMPA, FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 1117 CELEBRATION AVE CELEBRATION, FL 34747 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ENTWISTLE, MAUREEN S 1602 W SLIGH AVENUE, SUITE 300 TAMPA, FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 1117 CELEBRATION AVE CELEBRATION, FL 34747 <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 514104 90184 047 150-00 <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
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
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
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:  THOMAS P. ENTWISTLE, PRESIDENT		321-939-0986

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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**GEORGE S. CHAGARIS**  
**CERTIFIED PUBLIC ACCOUNTANT**

4100 West Kennedy Blvd.  
Suite 207  
Tampa, Florida 33609-2255

*Professional Association*

(813) 282-1990  
Fax (813) 281-1259  
Email: GChagarisCPA@aol.com

April 30, 2005

Entwistle Development, Inc.  
c/o Thomas P. Entwistle, President  
1117 Celebration Avenue  
Celebration, FL 34747

Dear Tom:

I am enclosing your **2005 For Profit Corpooartion Annual Report** for the State of Florida. Please file in accordance with the following instructions:

1. Sign and date return on Line 8, as indicated. This changes the registered agent for the corporation from Greg Gresham to you.
2. Sign and date return in the lower left and right corners, as indicated.
3. No payment is due with the report (see below). Mail in the envelope provided as soon as possible to:

Division of Corporations  
Attn: Andy Dunlap  
Post Office Box 6327  
Tallahassee, FL 32314

A copy has been enclosed for your file.

No payment is due since last year's mix-up with Greg Gresham filing your report electronically. I spoke with Andy Dunlap on Friday April 29, 2005 regarding the credit balance on your account. He advised me to prepare the report enclosed and forward to his attention with no additional payment.

For your protection, I strongly recommend mailing **certified mail, return receipt requested** in order to later provide proof of timely filing if ever requested.

If you should have any questions, please contact me at my office.

With warm personal regards,

GEORGE S. CHAGARIS, CPA, P.A.

By:   
George S. Chagaris, C.P.A.

Enclosure

