

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052963

FILED
Jul 18, 2005
Secretary of State

Entity Name: CONCEPT DEVELOPMENT ASSOCIATES,INC

Current Principal Place of Business:

5805 COTTONWOOD ST
BRADENTON, FL 34203

New Principal Place of Business:

104 SE 7TH AVENUE
WILLISTON, FL 32696

Current Mailing Address:

5805 COTTONWOOD ST
BRADENTON, FL 34203

New Mailing Address:

104 SE 7TH AVENUE
WILLISTON, FL 32696

FEI Number: 86-1062914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLEEP, ROBERT E
5805 COTTONWOOD ST
BRADENTON, FL 34203 US

Name and Address of New Registered Agent:

SLEEP, ROBERT E
104 SE 7TH AVENUE
WILLISTON, FL 32696 US

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.

SIGNATURE:

07/18/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SLEEP, ROBERT E
Address: 5805 COTTONWOOD ST
City-St-Zip: BRADENTON, FL 34203

Title: VP () Delete
Name: SLEEP, IRIS
Address: 5805 COTTONWOOD ST
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SLEEP, ROBERT E
Address: 104 SE 7TH AVENUE
City-St-Zip: WILLISTON, FL 32696

Title: VP (X) Change () Addition
Name: SLEEP, IRIS
Address: 104 SE 7TH AVENUE
City-St-Zip: WILLISTON, FL 32696

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: ROBERT E SLEEP

P

07/18/2005

Electronic Signature of Signing Officer or Director

Date