

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000052963

1. Entity Name  
CONCEPT DEVELOPMENT ASSOCIATES, INC



**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business  
104 SE 7TH AVENUE  
WILLISTON, FL 32696

Mailing Address  
104 SE 7TH AVENUE  
WILLISTON, FL 32696



**DO NOT WRITE IN THIS SPACE**

05042006 No Chg-P CR2E034 (11/05)

4. FEI Number 86-1062914	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 reniscing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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

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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME SLEEP, ROBERT E  
STREET ADDRESS 104 SE 7TH AVENUE  
CITY-ST-ZIP WILLISTON, FL 32696

TITLE VP  
NAME SLEEP, IRIS  
STREET ADDRESS 104 SE 7TH AVENUE  
CITY-ST-ZIP WILLISTON, FL 32696

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Robert Sleep* Robert Sleep

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/04/2006 352-528 5920  
Date Daytime Phone #