

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90445 013 ***158.75

DOCUMENT # P03000055137

1. Entity Name

BNA DEVELOPMENT, INC.



Principal Place of Business

5005 DICKENS AVE
TAMPA FL 33629

Mailing Address

5005 DICKENS AVE
TAMPA FL 33629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

42-1600268

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARLOWE & MCNABB, P.A.
324 S HYDE PARK AVE, STE 210
TAMPA FL 33606

Address only

7. Name and Address of New Registered Agent

Name

Marlowe & McNabb, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1560 W. Cleveland St.

City

Tampa

FL

Zip Code

33606

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JOHNSON, SCOTT M | |
| STREET ADDRESS | 898 HOLLINGWORTH RD | |
| CITY-ST-ZIP | LAKELAND FL 33801 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JOHNSON, BARBARA T | |
| STREET ADDRESS | 898 HOLLINGWORTH RD | |
| CITY-ST-ZIP | LAKELAND FL 33801 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STOOKEY, THOMAS V | |
| STREET ADDRESS | 5005 DICKENS AVE | |
| CITY-ST-ZIP | TAMPA FL 33629 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STOOKEY, WENDY K | |
| STREET ADDRESS | 5005 DICKENS AVE | |
| CITY-ST-ZIP | TAMPA FL 33629 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 V. Stookey

THOMAS V. STOOKEY (D.)

813-831-6960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #