

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000107983

1. Entity Name
BUCCANEER DEVELOPMENT, INC.



Principal Place of Business

5690 DTC BLVD
285W
GREENWOOD VILLAGE, CO 80111

Mailing Address

6600 N ANDREWS AVE
306
FORT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0329718

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ELKIN, STEVEN C ESQ.
7805 S.W. 6TH CT.
PLANTATION, FL 33324

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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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME VARKONY, TERRY A
STREET ADDRESS 5690 DTC BLVD STE 285W
CITY- ST- ZIP GREENWOOD VILLAGE, CO 80111

TITLE VD
NAME GRIFFIS, JONATHAN D
STREET ADDRESS 5690 DTC BLVD STE 285W
CITY- ST- ZIP GREENWOOD VILLAGE, CO 80111

TITLE SD
NAME GRIFFIS, JAMES A III
STREET ADDRESS 832 S.E. 13TH AVE.
CITY- ST- ZIP DEERFIELD BEACH, FL 33441

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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04/20/06-80041-004 150.0

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

+ 4/3/06 (954) 493 6500
Daytime Phone #