



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90053 015 \*\*\*150.00

<b>DOCUMENT # P03000116582</b>			
1. Entity Name <b> LIMBACH DEVELOPMENT, INC.</b>			
Principal Place of Business <b>212 SKY HIGH DUNE DRIVE SANTA ROSA BEACH, FL 32459</b>		Mailing Address <b>212 SKY HIGH DUNE DRIVE SANTA ROSA BEACH, FL 32459</b>	
2. Principal Place of Business <b>P.O. Box 1038</b>		3. Mailing Address <b>P.O. Box 1038</b>	
Suite, Apt. #, etc. <b>SANTA ROSA BEACH, FL</b>		Suite, Apt. #, etc. <b>SANTA ROSA BEACH, FL</b>	
City & State <b>32459 USA</b>		City & State <b>32459 USA</b>	
Zip <b>32459</b>		Country <b>USA</b>	
8. Name and Address of Current Registered Agent <b>FRANKLIN H. WATSON PA 5365 E CO HWY 30-A STE 105 SEAGROVE BEACH, FL 32459</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD LIMBACH, WESTON T 212 SKY HIGH DUNE DR. SANTA ROSA BEACH, FL 32459</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LIMBACH, WESTON T. P.O. Box 1038 SANTA ROSA BEACH, FL 32459</b> <input checked="" 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
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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

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/05** **850-585-3336**  
Date Daytime Phone #

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.