

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000002055

Entity Name: A PLUS DEVELOPMENT, INC.

FILED
Apr 16, 2005
Secretary of State

Current Principal Place of Business:

P O BOX 883
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

P O BOX 883
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 20-2685526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, CHARLOU
2560 S HWY 95A
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: WILLIAMS, ANTHONY R
Address: P O BOX 883
City-St-Zip: CANTONMENT, FL 32533

Title: VPTD () Delete
Name: HETCHLER, RALPH
Address: 6343 WYNDOTTE RD
City-St-Zip: PENSACOLA, FL 36526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: WILLIAMS, ANTHONY R
Address: 2560 S. HWY. 95A
City-St-Zip: CANTONMENT, FL 32533

Title: VPSD (X) Change () Addition
Name: WILLIAMS, CHARLOU
Address: 2560 S. HWY. 95A
City-St-Zip: CANTONMENT, FL 32533

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: CHARLOU WILLIAMS

VPSD

04/16/2005

Electronic Signature of Signing Officer or Director

Date