


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90019 043 ***150.00

DOCUMENT # P04000021759	
1. Entity Name DEVELOPED WEST FLORIDA, CORP.	

Principal Place of Business 18611 S TAMiami TRL #16-PMB 129 FORT MYERS, FL 33903	Mailing Address 18611 S TAMiami TRL #16-PMB 129 FORT MYERS, FL 33903
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2. Principal Place of Business 1111 SE 14 th ST Suite, Apt. #, etc. —	3. Mailing Address 1111 SE 14 th ST Suite, Apt. #, etc. —
City & State CAPE CORAL FL	City & State CAPE CORAL FL
Zip 33990-3718 Country CAPECORAL	Zip 33990-3718 Country CAPECORAL



02032006 Chg-P CR2E034 (11/05)

4. FEI Number 200791569	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 HERNANDEZ, EMERIO 18200 PHOLOX DR. FT. MYERS, FL 33912	7. Name and Address of New Registered Agent Name: <u>HERNANDEZ EMERIO</u> Street Address (P.O. Box Number is Not Acceptable): <u>1111 SE 14th ST</u> City: <u>CAPE CORAL</u> FL Zip Code: <u>33990-3718</u>
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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: X (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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HERNANDEZ, EMERIO 18200 PHOLOX DRIVE FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HERNANDEZ, EMERIO 1111 SE 14 th ST CAPE CORAL FL 33990-3718 <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
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
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

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: X 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #