

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90156 020 \*\*\*150.00

<b>DOCUMENT # P04000031614</b> 1. Entity Name <b>FOUR SQUARE DEVELOPMENT, INC.</b>																																							
Principal Place of Business <b>101 AUDUBON BLVD NAPLES, FL 34110</b>		Mailing Address <b>101 AUDUBON BLVD NAPLES, FL 34110</b>																																					
2. Principal Place of Business <b>9220 Bonita Beach Road</b>		3. Mailing Address <b>9220 Bonita Beach Road</b>																																					
Suite, Apt. #, etc. <b>Suite 200-23</b>		Suite, Apt. #, etc. <b>Suite 200-23</b>																																					
City & State <b>Bonita Springs, FL</b>		City & State <b>Bonita Springs, FL</b>																																					
Zip <b>34135</b>		Zip <b>34135</b>																																					
Country		Country																																					
4. FEI Number <b>20-0737678</b>		Applied For <input type="checkbox"/> Not Applicable																																					
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																					
6. Name and Address of Current Registered Agent  <b>BRACCI, STEVEN J 101 AUDOBON BLVD NAPLES, FL 34110</b>		7. Name and Address of New Registered Agent Name <b>Steven J. Bracci</b> Street Address (P.O. Box Number is Not Acceptable) <b>9220 Bonita Beach Road</b> Suite 200-23 City <b>Bonita Springs</b> <b>FL</b> Zip Code <b>34135</b>																																					
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: <span style="float: right;">4/27/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>P</b>  <b>BRACCI, STEVEN J</b>  <b>101 AUDOBON BLVD</b>  <b>NAPLES, FL 34110</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>BRACCI, STEVEN J</b> <b>101 AUDOBON BLVD</b> <b>NAPLES, FL 34110</b>		<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>P</b>  <b>Bracci Steven J.</b>  <b>9220 Bonita Beach Road Suite 200-23</b>  <b>Bonita Springs, FL 34135</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>Bracci Steven J.</b> <b>9220 Bonita Beach Road Suite 200-23</b> <b>Bonita Springs, FL 34135</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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: <span style="float: right;">4/28/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																							
Date <b>239-272-4500</b>		Daytime Phone #																																					