

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90026 037 \*\*\*150.00

<b>DOCUMENT # P04000056037</b> 1. Entity Name <b>WCI BUSINESS DEVELOPMENT, INC.</b>					
Principal Place of Business <b>24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b>			Mailing Address <b>24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02012005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>20-1179333</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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>D STARKEY, JERRY L 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b> <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	<b>D DIETZ, JAMES P 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSV DIETZ, JAMES P. 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOSCATO, ALBERT F JR. 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP MOSCATO, ALBERT F., JR. 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</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	<b>VT ADELMAN, STEVEN C. 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS HASTINGS, VIVIEN N. 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS CULLEN, JAMES D. 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>3/11/05</b> Daytime Phone #: <b>239498 8605</b>		

ATTACHMENT

40033064

Additional Officers – WCI Business Development, Inc.  
Document # P04000056037  
2005 For Profit Corporation  
Amended Annual Report

10. Officers and Directors	
Title:	V
Name:	Mary Beth Ebenger
Street Address:	24301 Walden Center Drive
City-St-Zip:	Bonita Springs, Florida 34134
Title:	V
Name:	Scott Rhoades
Street Address:	24301 Walden Center Drive
City-St-Zip:	Bonita Springs, Florida 34134