


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90005 002 ***150.00

DOCUMENT # P04000056037

1. Entity Name
WCI BUSINESS DEVELOPMENT, INC.



Principal Place of Business Mailing Address
24301 WALDEN CENTER DRIVE **24301 WALDEN CENTER DRIVE**
BONITA SPRINGS, FL 34134 **BONITA SPRINGS, FL 34134**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04232007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STARKEY, JERRY L	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	DSV	<input type="checkbox"/> Delete
NAME	DIETZ, JAMES P	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MOSCATO, ALBERT F JR.	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ADELMAN, STEVEN C	
STREET ADDRESS	24301 WALDEN CENTER DR	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HASTINGS, VIVIEN N	
STREET ADDRESS	24301 WALDEN CENTER DR	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	CULLEN, JAMES D	
STREET ADDRESS	24301 WALDEN CENTER DR	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VT Ernest Scheidemann	
STREET ADDRESS	24301 Walden Center Dr	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *James D Cullen* **VP** Date: 4/24/07 Daytime Phone #: 2394988544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR