2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # P04000062984 1. Entity Name . . 03-29-2005 90008 033 ***150.00 CORPORATE PARK DEVELOPMENT, INC. Mailing Address Principal Place of Business 1100 FIFTH AVE S 1100 FIFTH AVE S SUITE 301 NAPLES FL 34102 SUITE 301 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAHER, ELLEN S ESQ Street Address (P.O. Box Number is Not Acceptable) 1100 FIFTH AVE S SUITE 301 NAPLES FL 34102 Zip Code City 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 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. IIILE HILE Delete ☐ Addition Change NAME NAME YRES. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C11Y-S1-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7P TITLE Delete 1111 F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP THILE DILE Delete Change: Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-51-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-51-709 CITY-ST-ZIP TITLE Oelate TITLE [[][Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-AP 12. Thereby certify that the information subplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certifyritiat the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am use officer or director of the corporation or the receiper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Black 10 or Block 11 if changed, or on an attachment with an address, with all retire like empowered. SIGNATURE:

FILED