
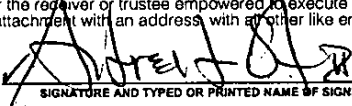


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90096 027 \*\*\*150.00

|   |   |   |  |
|---|---|---|--|
| <b>DOCUMENT # P04000065929</b><br>1. Entity Name<br><b>AN DEVELOPMENT IV, INC.</b>  |   |    |  |
| Principal Place of Business<br><b>4300 W CYPRESS ST, STE 150<br/>TAMPA, FL 33607</b>  |   | Mailing Address<br><b>4300 W CYPRESS ST, STE 150<br/>TAMPA, FL 33607</b>  |  |
| 2. Principal Place of Business<br><b>401 S. ALBANY AVE</b><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>401 S. ALBANY AVE</b><br>Suite, Apt. #, etc.   |  |
| City & State<br><b>TAMPA, FL</b>  |   | City & State<br><b>TAMPA, FL</b>  |  |
| Zip<br><b>33606</b>   |   | Zip<br><b>33606</b>   |  |
| 4. FEI Number<br><b>20-1090179</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>STEINER, NELSON C</b><br><b>4300 W CYPRESS ST, STE 150</b><br><b>TAMPA, FL 33607</b>  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>401 S. ALBANY AVE</b><br>City <b>TAMPA</b> FL Zip Code <b>33606</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><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  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>STEINER, ALFRED F II<br><del>4300 W CYPRESS ST, STE 150</del><br>TAMPA, FL 33607 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>401 S. ALBANY AVE</b><br><b>TAMPA, FL 33606</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>STEINER, NELSON C<br><del>4300 W CYPRESS ST, STE 150</del><br>TAMPA, FL 33607    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>401 S. ALBANY AVE</b><br><b>TAMPA, FL 33606</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 another like empowered. |   |   |  |
| SIGNATURE:   |   | ALFRED F STEINER II (813) 350-9399  |  |