2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

	AIIIUAI	- IXLI OIXI			_ ~	,	J	0	
DOCUMENT # P0400065929 1. Entity Name AN DEVELOPMENT IV, INC.						04-30-200		013 ***15	50.00
Principal Place of Business Mailing Address					ì <i>t</i>	t00ars	0.3		
		401 S ALBANY AVE				1 •			
401 S ALBANY AVE Tampa, FL 33606		TAMPA, FL 33606							
I INMEA, IL 3	3000	TAMEA, 12 33000							
						HE BURN CRIM CRIM BY	(1) 127		
Principal Place of Business - No P.O. Box # Mailing Address									
					4				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01152007	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Number	0		<u> </u>	plied For
					20-1090	179			t Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Add	
								Fee Required	<u> </u>
	6. Name and Address of Current	t Registered Agent	Name		7. Name and A	ddress of New	Registered	Agent	
STEINER, NELSON C				Street Address (P.O. Box Number is Not Acceptable)					
401 S ALB			Street Address		(P.O. Box Number	is Not Acceptat) (e)		
TAMPA, FL 33606									
			City				FL	Zip Code)
								_	
	named entity submits this statement f	or the purpose of changing its re	gistered office or	registe	red agent, or both,	in the State of F	-lorida. Tam	tamiliar with,	and accept
the obligat	ions of registered agent.								
SIGNATURE_	•								
3IGIVATORE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Agent signatu	nte tednike	d when reinstating)		DATE		
	5.5								
EII	E NOW!!! FEE IS \$150.00	9. Election Campaigr	n Financing	\$5	i.00 May Be				
	ay 1, 2007 Fee will be \$550	.00 Trust Fund Contrib	oution.	Add	ded to Fees				
			.		1		ELOEDO ANU	DIRECTOR	2151.44
10.	OFFICERS AND	``````````	11.	т'	ADDITIONS/C	HANGES TO OF	-FICERS ANI		
TITLE	D .	☐ Delete	TITLE					Change	Addition
NAME	STEINER, ALERED F II		NAME						
STREET ADDRESS	401 S ALBANY AVE		STREET ADDRESS						
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE					Change	Addition
NAME	STEINER, NELSON C		NAME						
STREET ADDRESS	401 S ALBANY AVE		STREET ADDRESS						
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	S				☐ Change	Addition
TITLE		☐ Detele	NAME	2				Onange	
NAME STORY ADDRESS			STREET ADDRESS	360	CKEN, EDA OIS ALD AMPA, EI	DANGE AND	-		
STREET ADDRESS			CITY-ST-ZIP	40	15 ALD	HWY NO	•		
CITY-ST-ZIP				71	TMPA. F	17601			
IITLE		☐ Delete	TITLE					☐ Change	Addition
NAME	İ		NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP]					
HILE		☐ Delete	TITLE					Change	☐ Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CHY-ST-ZIP			CITY-ST-ZIP						
			· · · · · · · · · · · · · · · · · · ·	1				☐ Change	Addition
ITTLE		☐ Delete	TITLE						L Addition
NAME			NAME CTREET ADODECC						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						

12. Thereby certify that the information supplied with his filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied entity is the 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 withyan attdress, with all other like empowered.

SIGNATURE:

NELSON C

(813/**3**50-9399 Daytine Phone # 4-14-07