2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/25/

FILED
Sep 01, 2005 8:00 am
Secretary of State
07-25-2005 90105 011 ***150.00

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1. Entity Name
LAFAYETTE PROPERTY DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
1616-102 CAPE CORAL PARKWAY CAPE CORAL, FL 33904	1616-102 CAPE CORAL PARKWAY CAPE CORAL, FL 33904

07142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20 1129978 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LARROW, PAUL L
3501 DEL PRADO BLVD
SUITE 312
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name BORCHANN, CLAUS
Street Address (P.O. Box Number is Not Acceptable) 1616-102 S. Cape Coral Parkway
City Cape Coral FL Zip Code 33914

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 Claus Borchann 7/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Required when reinstating) DATE

FILE NOW!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARROW, PAUL L 3501-312 DEL PRADO BLVD CANCEL CAPE CORAL, FL 33904	☒ Delete	D BORCHANN, CLAUS 1616-102 Cape Coral Pkwy Cape Coral, FL 33914	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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.

SIGNATURE: President 7/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #