

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129797

FILED  
Feb 09, 2005  
Secretary of State

Entity Name: CAPE BELLA DEVELOPMENT, INC.

## Current Principal Place of Business:

4803 SKYLINE BLVD  
CAPE CORAL, FL 33914

## New Principal Place of Business:

## Current Mailing Address:

4803 SKYLINE BLVD  
CAPE CORAL, FL 33914

## New Mailing Address:

FEI Number: 20-1626978

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC  
92 SADBERRY RD  
QUINCY, FL 32351 US

## Name and Address of New Registered Agent:

CLARKE, WILLIAM VPD  
4803 SKYLINE BLVD  
CAPE CORAL, FL 33914 US

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.

SIGNATURE: WILLIAM CLARKE

02/09/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BERNGARD, LIBBY  
Address: 4803 SKYLINE BLVD  
City-St-Zip: CAPE CORAL, FL 33914

Title: VPD ( ) Delete  
Name: CLARKE, WILLIAM  
Address: 4803 SKYLINE BLVD  
City-St-Zip: CAPE CORAL, FL 33914

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIBBY BERNGARD

PD

02/09/2005

Electronic Signature of Signing Officer or Director

Date