

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90185 046 ***150.00

DOCUMENT # P04000165455

1. Entity Name

CERTIFIED DEVELOPMENT, INC.



Principal Place of Business

~~321 NE 2 AVE~~
~~DELRAY BEACH FL 33444~~

Mailing Address

~~321 NE 2 AVE~~
~~DELRAY BEACH FL 33444~~

New Address Below



2. Principal Place of Business - No P.O. Box #

6770 E. Rogers Circle
Suite, Apt. #, etc.

3. Mailing Address

6770 E. Rogers Circle
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33487

Country

Zip

33487

Country

4. FEI Number

04-3801697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERKEL, THOMAS D
~~944 S OCEAN BLVD~~
~~DELRAY BEACH FL 33493~~

New Address

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7155 NW 4 Ave.

Boca Raton, FL 33487

City

FL

Zip Code

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

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MERKEL, THOMAS D
STREET ADDRESS ~~944 S OCEAN BLVD~~
CITY-ST-ZIP ~~DELRAY BEACH FL 33493~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7155 NW 4 Ave.
CITY-ST-ZIP Boca Raton, FL 33487

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE:

Thomas D Merkel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-07

Date

561-994-3985

Daytime Phone #