2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90459 014 ***150.00

DOCUMENT # P04000172529 1. Entity Name AN DEVELOPMENT V, INC.								· .	04-30-2007	' 90459 0	14 ***15	0.00
Principal Place of Business 401 S ALBANY AVE TAMPA, FL 33606			4	Mailing Address 401 S ALBANY AVE TAMPA, FL 33606								
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01152007	Chg-P	CR2E0	34 (12/06)	
City & State				City & State				4. FEI Numbe 20-231				pplied For ot Applicable
Zip 	Country			Zip Cour		itry	Fee Requ			\$8.75 Add Fee Require		
6. Name and Address of Current				tered Agent	7. Name and Address of New Registered Agent Name							
STEINER, NELSON C 401 S ALBANY AVE TAMPA, FL 33606						Ĺ	dress (P.O. Box Numb	er is Not Acceptab	ole)		<u>-</u>
1AWI A, 12 33000						City				FL	Zip Cod	e
O. The observe			to the						sh in the Court of F			
	named entity tions of registe		it for the p	ourpose of changing its	register	ea onice or	register	ed agent, or bo	in, in the State of h	-iorida. I am	ramiliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FIL After Ma	E N OW !!! ay 1, 2007	FEE IS \$150.00 Fee will be \$55	0.00	9. Election Campa Trust Fund Con				.00 May Be ed to Fees		-		
10.		OFFICERS A	ND DIRE	CTORS	11.			ADDITIONS	L /CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	D			☐ Delete TIT		E					☐ Change	Addition
NAME	STEINER, ALFRED F II			NAA CAD								
CITY-ST-ZIP	REET ADDRESS 401 S ALBANY AVE Y-ST-ZIP TAMPA, FL 33606					EET ADDRESS -ST-ZIP						
TITLE	D			☐ Delete	TITL	E		•			Change	Addition
NAME	STEINER, NELSON C					1E					_ •	
STREET ADDRESS CITY-ST-ZIP	401 S ALBANY AVE TAMPA, FL 33606					eet add ress '-st-zip						
IIILE				☐ Delete	1ITL	Ł	S	· · · · · · · · · · · · · · · · · · ·			☐ Change	Addition
NAME EXPLICIT ADDRESS					NAM		ILC	KEN, E	OWIN	4.12		
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-S1-ZIP	70	1 5. A	LBHNY M	rvc		
TITLE				☐ Delete	111	E		(VV) P H ₁ P ·	- 1160	6	Change	Addition
NAME					NAM	1						
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TITLE				Delete	1111						☐ Change	Addition
NAME STREET ADDRESS		. ~			NAM STRI	IE Eet address						
CITY-ST-ZIP						-ST-ZIP						
12. I hereby certify that the information explained with this filling 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 of the receiver or trustipe empowered the 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: SIGNATURE: SIGNATURE SIGNATURE SIGNATURE SIGNATURE Daytime Phone *												
SIGNAT	OKE:	SIGNATORE AND TYPED	OR PRINTE	NAME OF SIGNING OFFICE	OR DIREC	TOR	, / C	, ,,, , , , , , , , , , , , , , , , ,	Chate	4.17	Daytime Phone #	