## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 28, 2006 8:00 am Secretary of State **DOCUMENT # P05000008625** 04-28-2006 90177 023 \*\*\*150.00 CENTRAL FLORIDA DEVELOPMENT CORPORATION OF SEMINOLE COUNTY, INC. Principal Place of Business Mailing Address 40069604 2501 VALEY FORGE COURT 2501 VALEY FORGE COURT EUSTIS, FL 32726 EUSTIS, FL 32726 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 34-2033180 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ■ Addition ☑ Change Delete TITLE BRUNSMAN, JAMES L NAME NAME 2501 VALLEY FORGE COURT STREET ADDRESS 919 VASSAR DR STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32726 CITY-ST-ZIP VSTD Change TITLE ☐ Delete ☐ Addition BRUNSMAN, BARBARA L NAME STREET ADDRESS 919 VASSAR DR STREET ADDRESS 2501 VALLEY FORGE COURT CITY-ST-ZIP EUSTIS, FL 32726 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied 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 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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Delete

SIGNATURE: \_

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. BRUNSMAN · PRESIDENT

FILED

<u> 352-357-6515</u>

352-551-4952 OR

☐ Change

☐ Addition