2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90077 013 ***150.00

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1. Entity Name
BOCA CIEGA BAY DEVELOPMENT CORPORATION

40046414

02142007 Chg-P CR2E034 (12/06)

Principal Place of Business
597 COREY AVENUE
ST. PETE BEACH, FL 33706

Mailing Address
597 COREY AVENUE
ST. PETE BEACH, FL 33706

2. Principal Place of Business (No P.O. Box #)

Street Address

Suite, Apt. #, etc.

City-State

Zip Code

3. Mailing Address

Street Address

Suite, Apt. #, etc.

City-State

Zip Code

Country

4. FEI Number
20-2310741
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOUGLASS, ROBERT A
597 COREY AVENUE
ST. PETE BEACH, FL 33706

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. I hereby agree to act as registered agent 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, that position.

SIGNATURE(S)

Date Registered Agent Signature (required when applicable) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TYPE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DOUGLASS, ROBERT A		NAME	
STREET ADDRESS	597 COREY AVENUE		STREET ADDRESS	
CITY-ST ZIP	ST. PETE BEACH, FL 33706		CITY-ST ZIP	
TYPE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CLARK, ROBERT P		NAME	
STREET ADDRESS	3901 13TH WAY NE		STREET ADDRESS	
CITY-ST ZIP	ST. PETERSBURG, FL 33703		CITY-ST ZIP	
TYPE	SD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WADSWORTH, LON C		NAME	
STREET ADDRESS	597 COREY AVENUE		STREET ADDRESS	
CITY-ST ZIP	ST. PETE BEACH, FL 33706		CITY-ST ZIP	
TYPE	TD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	E. RALPH CRAWFORD		NAME	
STREET ADDRESS	563 HAVEN POINT DRIVE		STREET ADDRESS	
CITY-ST ZIP	TREASURE ISLAND, FL 33706		CITY-ST ZIP	
TYPE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST ZIP			CITY-ST ZIP	
TYPE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST ZIP			CITY-ST ZIP	

12. I hereby certify that the corporation named in this report qualifies for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental requested 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 added, in Block 11.

SIGNATURE: Robert A. Douglass, Pres. 727-367-5614 3/29/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #