

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90230 037 \*\*\*150.00

**DOCUMENT # P05000124994**

1. Entity Name  
**PRESTIQUE DEVELOPMENT, INC.**



Principal Place of Business  
PO BOX 730086  
ORMOND BEACH, FL 32173

Mailing Address  
PO BOX 730086  
ORMOND BEACH, FL 32173

**66018514**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

51-0555245

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLUB, PAUL F JR  
675 NORTH BEACH STREET  
ORMOND BEACH, FL 32174

Name

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

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, 2006 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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D VANACORE, JEFFREY J ☐ Delete  
675 NORTH BEACH STREET  
ORMOND BEACH, FL 32174

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D HOLUB, PAUL F JR ☐ Delete  
675 NORTH BEACH STREET  
ORMOND BEACH, FL 32174

TITLE  
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CITY - ST - ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06

Date

386-677-7617

Daytime Phone #