

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90351 047 ***150.00

DOCUMENT # P05000157663

1. Entity Name
378 6TH STREET SOUTH DEVELOPERS, INC.



Principal Place of Business
2100 TRADE CENTER WAY
STE D
NAPLES, FL 34109

Mailing Address
2100 TRADE CENTER WAY
STE D
NAPLES, FL 34109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132006

Chg-P

CR2E034 (11/05)

4. FEI Number

75-3204812

Applied For

Not Applicable

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

SKRIVAN, KENT A
LAW OFFICES OF KENT A. SKRIVAN
801 LAUREL OAK DR -STE 705
NAPLES, FL 34180

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 of Registered Agent or Principal Officer of Registered Agent and Title of Principal Officer

(NOTE: Registered Agent signature required when changing agent)

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
MUSUMANO, PATSY
2100 TRADE CENTER WAY - STE D
NAPLES, FL 34109 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
MUSUMANO, DONNA
2100 TRADE CENTER WAY - STE D
NAPLES, FL 34109 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
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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 a manual signature. I am a duly authorized officer, director, or 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 or changed on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR