

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000086139

1. Entity Name
CINDIL DEVELOPMENT CORPORATION



Principal Place of Business
**2468 MINTON RD.
MELBOURNE, FL 32904**

Mailing Address
**PO BOX 121106
MELBOURNE, FL 32912-1106**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3216408 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

3. Name and Address of Current Registered Agent

**DILAVORE, PETER
455 PAUMA VALLEY WAY
MELBOURNE, FL 32940**

**DO NOT WRITE
IN THIS SPACE**

6. 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 obligation 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

**000000481728
04/11/06-80045-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE	FTD
NAME	DILAVORE, PETER
STREET ADDRESS	455 PAUMA VALLEY WAY
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	VDS
NAME	DILAVORE, CYNTHIA
STREET ADDRESS	455 PAUMA VALLEY WAY
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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

3/1/06

Date

321-952-8990

Daytime Phone #