

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000062971

1. Entity Name
**DEVELOPMENT CORPORATION OF SOUTH FLORIDA,
INC.**



Principal Place of Business
**331 CAPE CORLA PKWY W
UNIT C
CAPE CORAL, FL 33914 US**

Mailing Address
**331 CAPE CORAL PKWY W.
UNIT C
CAPE CORAL, FL 33914 US**



02232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0564922

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERT SNOW
331 CAPE CORAL PKWY W.
UNIT C
CAPE CORAL, FL 33914**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SNOW, ROBERT A
STREET ADDRESS	331 CAP CORAL PKWY W
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	DV
NAME	PETERSON, ROBERT V
STREET ADDRESS	331 CAPE CORAL PKWY W
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	DT
NAME	PETERSON, KATHLEEN M
STREET ADDRESS	331 CAPE CORAL PKWY W
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/13/07-80010-023 150.00

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen M. Peterson, Treasurer *Kathleen M. Peterson* 7/27/07 239-542-9271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #