

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

\$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 24 AM 9:48

DOCUMENT # P95000022077

1. Entity Name
NEW ENGLAND AVENUE DEVELOPMENT COMPANY



Principal Place of Business

533 W NEW ENGLAND
SUITE C
WINTER PARK, FL 32789 US

Mailing Address

PO BOX 350
WINTER PARK, FL 32790-0350 US

DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3303282

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BELLOWS, DANIEL B.
533 W NEW ENGLAND AVE
SUITE C
WINTER PARK, FL 32789

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MAHER, STEVEN R
STREET ADDRESS 631 W MORSE BLVD, SUITE 200
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE VPST
NAME BELLOWS, DANIEL B
STREET ADDRESS P.O. BOX 350
CITY-ST-ZIP WINTER PARK, FL 327900350

TITLE D
NAME BELLOWS, DANIEL B
STREET ADDRESS PO BOX 350
CITY-ST-ZIP WINTER PARK, FL 327900350

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100045824571
02/02/05--01003--008 **291.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

1-11-05 407-644-3151