

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000012961

1. Entity Name
DAVID BARRON LAND DEVELOPMENT, INC.



Principal Place of Business
4292 CANAL STREET
FORT MYERS, FL 33916 US

Mailing Address
4292 CANAL STREET
FORT MYERS, FL 33916 US



03302008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3363164

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAHMAN, MOHAMMAD D ADNAN
8840 9TH ST NORTH
ST. PETERSBURG, FL 33702

**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 file 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCED
RAHMAN, MOHAMMAD D ADNAN
8840 9TH STREET NORTH
ST. PETERSBURG, FL 33702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
RAHMAN, MOHAMMAD A HIKMAN
3137 CARLOS DR
DUNEDIN, FL 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PETROZZI, THOMAS P
4292 CANAL STREET
FORT MYERS, FL 33916

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000491204
04/19/06-80012-019 158.75

**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 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

Mohammad A. HIKMAN
Mohammad A. HIKMAN

3/30/06 **727-224-3868**
Date Daytime Phone #