
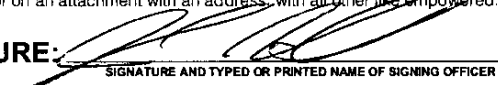


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90361 049 ***150.00

DOCUMENT # P96000066182					
1. Entity Name NORTHCORP DEVELOPMENT, INC.					
Principal Place of Business 3950 RCA BLVD 5000 PALM BEACH GARDENS, FL 33410 US			Mailing Address 3950 RCA BLVD 5000 PALM BEACH GARDENS, FL 33410 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GARY, JOHN W III 701 U.S. HWY. ONE, SUITE 402 NORTH PALM BEACH, FL 33408			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS D. MCCLOSKEY, JR.		NAME		
STREET ADDRESS	132 WEST MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	ASPEN, CO 81611		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BILLS, JOHN C		NAME		
STREET ADDRESS	3950 RCA BLVD, #5000		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFIN, JAMES E		NAME		
STREET ADDRESS	3950 RCA BLVD, #5000		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BILLS, JOHN CLARK		NAME		
STREET ADDRESS	3950 RCA BLVD, #5000		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS					
CITY-ST-ZIP					
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: 			JOHN C. BILLS 4/20/06 561-627-7551 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>		

40073776



01172006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3422054

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

GARY, JOHN W III
701 U.S. HWY. ONE, SUITE 402
NORTH PALM BEACH, FL 33408

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.

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Signature, typed or printed name of registered agent and title if applicable.

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DATE

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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

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STREET ADDRESS
CITY-ST-ZIP

D
THOMAS D. MCCLOSKEY, JR.
132 WEST MAIN STREET
ASPEN, CO 81611

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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BILLS, JOHN C
3950 RCA BLVD, #5000
PALM BEACH GARDENS, FL 33410

☐ Delete

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☐ Change ☐ Addition

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CITY-ST-ZIP

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3950 RCA BLVD, #5000
PALM BEACH GARDENS, FL 33410

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☐ Change ☐ Addition

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P
BILLS, JOHN CLARK
3950 RCA BLVD, #5000
PALM BEACH GARDENS, FL 33410

☐ Delete

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #