## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## May 04, 2005 8:00 am Secretary of State **DOCUMENT # P96000092149** 05-04-2005 90112 010 \*\*\*150.00 1. Entity Name GDP DEVELOPMENT, INC. Principal Place of Business Mailing Address 1221 EAST ROBINSON STREET 1221 EAST ROBINSON STREET ORLANDO, FL 32801 ORLANDO, FL 32801 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04072005 Chg-P CR2E034 (10/03) Applied For 4. FEI Number City & State City & State 59-3415243 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FONG, DAVID Street Address (P.O. Box Number is Not Acceptable) 1221 EAST ROBINSON STREET ORLANDO, FL 32801 Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICER'S AND DIRECTORS 10. 11. DP ☐ Change Addition ☐ Delete TITLE TITLE FONG, GEORGE NAME NAME STREET ADDRESS 1221 EAST ROBINSON STREET STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP ☐ Change ☐ Addition DV ☐ Delete TITLE TITLE FONG, PHILLIP NAME NAME STREET ADDRESS STREET ADDRESS 1221 EAST ROBINSON STREET CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32801 ☐ Change ☐ Addition DST ☐ Delete TITLE TITLE FONG, DAVID NAME NAME STREET ADDRESS 1221 EAST ROBINSON STREET STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITL F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP 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.

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