

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90208 016 ***150.00

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1. Entity Name
T&L DEVELOPMENT INC.



Principal Place of Business
1474 RAIL HEAD BLVD.
NAPLES, FL 34110 US

Mailing Address
1474 RAIL HEAD BLVD.
NAPLES, FL 34110 US

40024835



02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0766051

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

ADRAGNA, TILDA
1474 RAIL HEAD BLVD.
NAPLES, FL 34110

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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	P
NAME	ADRAGNA, TILDA
STREET ADDRESS	1474 RAIL HEAD BLVD.
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	S
NAME	GERVASI, BEVERLY
STREET ADDRESS	1474 RAIL HEAD BLVD
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	TVP
NAME	ADRAGNA, ANDY
STREET ADDRESS	1474 RAIL HEAD BLVD.
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	VP
NAME	ADRAGNA, LEONARDO
STREET ADDRESS	1474 RAIL HEAD BLVD.
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *B. Gervasi, Corp. Sec.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #