

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90124 049 ***550.00

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07062005 Chg-P CR2E034 (10/03)

DOCUMENT # P97000058515 1. Entity Name NDC DEVELOPMENT COMPANY			
Principal Place of Business 1001 3RD AVENUE WEST SUITE 410 BRADENTON, FL 34205		Mailing Address 1001 3RD AVENUE WEST SUITE 410 BRADENTON, FL 34205	
2. Principal Place of Business 1001 3rd Avenue West Suite, Apt. #, etc. Suite 600 City & State Bradenton, Florida Zip 34205		3. Mailing Address 1001 3rd Avenue West Suite, Apt. #, etc. Suite 600 City & State Bradenton, Florida Zip 34250	
4. FEI Number 65-0765235		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VOGLER, EDWARD II 802 11TH STREET WEST BRADENTON, FL 34205		7. Name and Address of New Registered Agent Name Edward Vogler, II Vogler Ashton PLLC Street Address (P.O. Box Number is Not Acceptable) 1001 3rd Avenue West, Suite 420 City Bradenton FL Zip Code 34205	
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  Ronald J. Allen DATE 7/7/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	DPST ALLEN, RONALD J 1001 THIRD AVE WEST, SUITE 410 BRADENTON, FL 34205	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Ronald J. Allen <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 7/7/2005 Daytime Phone # 941-745-1228	