

2005 FOR PROFIT-CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90322 011 ***150.00

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1. Entity Name
PETRA DEVELOPMENT, CORP.



Principal Place of Business
**2100 TRADE CENTER WAY
SUITE D
NAPLES, FL 34109**

Mailing Address
**2100 TRADE CENTER WAY
SUITE D
NAPLES, FL 34109**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0772038

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MUSUMANO, PATSY
2100 TRADE CENTER WAY
#D
NAPLES, FL 34109**

7. Name and Address of New Registered Agent

Name **Kent A. Skrivan, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
801 Laurel Oak Dr
Suite 705
City **Naples** FL Zip Code **34108**

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

4-21-05

**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 **D** ☐ Delete
NAME **MUSUMANO, PATSY**
STREET ADDRESS **2100 TRADE CENTER WAY #D**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **D** ☐ Delete
NAME **MUSUMANO, DONNA M**
STREET ADDRESS **2100 TRADE CENTER WAY, #D**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D, P ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D, VP, S, T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D, VP** ☐ Change ☒ Addition
NAME **Jeff Musumano**
STREET ADDRESS **2100 Trade Ctr Way, Ste D**
CITY-ST-ZIP **Naples, FL 34109**

TITLE **D, VP** ☐ Change ☒ Addition
NAME **Greg Musumano**
STREET ADDRESS **2100 Trade Ctr Way, Ste D**
CITY-ST-ZIP **Naples, FL 34109**

TITLE **D, VP** ☐ Change ☒ Addition
NAME **Paul Radcliffe**
STREET ADDRESS **2100 Trade Ctr Way Ste D**
CITY-ST-ZIP **Naples, FL 34109**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05

(239) 594-7905

Date

Daytime Phone #