2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 01, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P9700008599 PELOPMENT, INC.				500	cicuity	n State
•	CENTER WAY	failing Address 2055 TRADE CENTER WAY NAPLES, FL 34109		}	# 18 17 1830 38 00 88 00 88 0) Wester (Wiles Willia Selson (Wi	88 (1) (80)
	O NOT WRITE I	CE	01042005 4. FEI Numbe 65-079		CR2E034 (10/0	Applied For Not Applicable Additional	
WOOD, G. STUART			DO NOT WRITE 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 FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 04/01/05-80043-009 150.00							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Frust Fund Contribution				i.00 May Be ded to Fees	04/01/05	-80043-003 	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE D COTTER, JEFFREY J 90 MINNEHAHA CIR MAITLAND, FL 32751	CTORS			•		
IITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, G. STUART 2055 TRADE CENTER WAY NAPLES, FL. 34109						ļ
NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		IN ⁻	THIS SP	ACE	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·					
12. I hereby of indicated of the corrections of the	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee embored or on an attachment with an address, with	filling does not qualify for the exe and accurate and that my signa Id to execute this report as requi Ill other like empowered	mption stated in S ture shall have the ired by Chapter 60	ection 119 07(3)(same legal effec 7, Florida Statute	(i), Florida Statutes, I ot as if made under o es; and that my name	further certify that the thing that the thing that I am an off appears in Block 1	ne information icer or director 0 or Block 11 if

SIGNATURE AND POED OR PRINTED NAME OF SIGNING OFFICER OH DIRECTOR