2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an alta

SIGNATURI

## Jan 27, 2006 08:00 AM DOCUMENT # P98000002865 **Secretary of State** 1. Entity Name DEVELOPMENT PROPERTIES, INC. Principal Place of Business Mailing Address 5051 CASTELLO DR., STE.33 82 FOUNTAIN CIR NAPLES FL 34103 NAPLES FL 34119-4636 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 65-0807404 Not Applicat. Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HURLEY, JOHN R ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 5051 CASTELLO DR., STE. 202 NAPLES FL 34103 Zip Code City FI 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 accepthe obligations of registered agent. SIGNATURE . DATE Signature, typed or pritted name of registered agent and title if applicable INOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May @ 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. HILE Change 🔲 Addilii ☐ Delete MAME BISHOP, JAY S NAME STREET ADDRESS STREET ADDRESS 5051 CASTELLO DR.,STE.33 U000000406166 CITY-ST-ZIP NAPLES FL 34103 CHY-ST-ZIP <del>02/07/06-80077-018,159,0</del>0 <sub>17 AMD</sub> ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Change ∏ Addis. THLE Delete THILE! NAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change ☐ Defete TITLE J∏ All:" TITLE MARSE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZW CITY: ST-ZIP ☐ Chance ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition Mir IIILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 it made under oath, that I am an officer or direction 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 1

al other like empowered.

124 S. BIShop President 1-24-06 239-450-8098

FILED