

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000025555

1. Entity Name
725 DEVELOPMENT CORP.



Principal Place of Business
365 FIFTH AVENUE SOUTH STE 201
NAPLES, FL 34102

Mailing Address
365 FIFTH AVENUE SOUTH STE 201
NAPLES, FL 34102



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0821571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANTARAMIAN, JACK
365 FIFTH AVENUE SOUTH STE 201
NAPLES, FL 34102

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

00000013332
04/15/04-80005-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARSELLO, ROBERT L
STREET ADDRESS	2606 SO HORSESHOE DR
CITY- ST- ZIP	NAPLES, FL 34104
TITLE	DPS
NAME	ANTARAMIAN, JACK J
STREET ADDRESS	365 5TH AVE S , STE #201
CITY- ST- ZIP	NAPLES, FL 34102
TITLE	D
NAME	PEZESHKAN, F F
STREET ADDRESS	2606 SO HORSESHOE DR
CITY- ST- ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
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:

Jack Antaramian Jack Antaramian 04/13/04 239434-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #