

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90202 010 ***158.75

DOCUMENT # P98000025569

1. Entity Name
FIFTH/FOURTH DEVELOPMENT CORP.



Principal Place of Business

**365 5TH AVE SOUTH
STE 201
NAPLES, FL 34102**

Mailing Address

**365 5TH AVE SOUTH
STE 201
NAPLES, FL 34102**

40055517



03092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0821595	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GRANT, RICHARD C
5551 RIDGEWOOD DR STE 501
NAPLES, FL 34108**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARSELLO, ROBERT L 2606 SO HORSESHOE DR NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEZESHKAN, F F 2606 S. HORSESHOE DR NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS ANTARAMIAN, JACK J 365 5TH AVE, SOUTH, STE#201 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT THOMAS A. MACINER 365 5TH AVE. So, STE 201 NAPLES, FL 34102
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 exemptions contained in Chapter 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 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: *Thomas A. MacIner* **THOMAS A. MACINER, V.P.** **4/10/06** **(239) 434-0600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #