
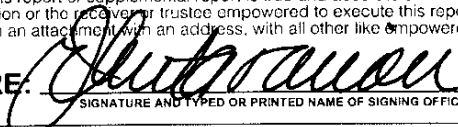


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90041 036 \*\*\*158.75

<b>DOCUMENT # P98000025569</b> 1. Entity Name <b>FIFTH/FOURTH DEVELOPMENT CORP.</b>					
Principal Place of Business <b>365 5TH AVE SOUTH STE 201 NAPLES, FL 34102</b>			Mailing Address <b>365 5TH AVE SOUTH STE 201 NAPLES, FL 34102</b>		
2. Principal Place of Business - No P.O. Box # <b>3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105</b> City & State _____		3. Mailing Address <b>3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105</b> City & State _____			
Zip _____ Country _____		Zip _____ Country _____		4. FEI Number <b>65-0821595</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>GRANT, RICHARD C 5551 RIDGEWOOD DR STE 501 NAPLES, FL 34108</b>			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARSELLO, ROBERT L</b> <b>2606 SO HORSESHOE DR</b> <b>NAPLES, FL 34102</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3520 KRAFT ROAD</b> <b>NAPLES, FL 34105</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEZESHKAN, F F</b> <b>2606 S. HORSESHOE DR</b> <b>NAPLES, FL 34102</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3520 KRAFT ROAD</b> <b>NAPLES, FL 34105</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDS</b> <b>ANTARAMIAN, JACK J</b> <b>365 5TH AVE, SOUTH, STE#201</b> <b>NAPLES, FL 34102</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3530 KRAFT ROAD</b> <b>SUITE 300</b> <b>NAPLES, FL 34105</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MAGUIVOR, THOMAS A</b> <b>365 5TH AVE S STE 201</b> <b>NAPLES, FL 34102</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MAGUIVOR, THOMAS A</b> <b>3530 KRAFT ROAD</b> <b>SUITE 300</b> <b>NAPLES, FL 34105</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE</b> 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4-24-07</b> Daytime Phone <b>239-434-0600</b>	