## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # P98000030516** 04-29-2005 90175 004 \*\*\*150.00 Y DEVELOPMENT, INC. Principal Place of Business Mailing Address 50044497 240 S PINEAPPLE AVE **POST OFFICE BOX 49948** 10TH FLOOR SARASOTA, FL 34230-6948 SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 03302005 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 65-0826257 Not Applicable Zip Country 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 Band, Steven C. BAND, STEVEN C Street Address (P.O. Box Number is Not Acceptable) 1991 Main Street **1991 MAIN ST STE 183** Box 183 SARASOTA, FL 34236 Zip Code 34236 Sarasota 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 registers Steven C. Band he of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D ☐ Delete TILLE THE ☐ Change ■ Addition BAND, DAVID S NAME NAME 240 S PINEAPPLE AVE, 10TH FLOOR STREET ADDRESS STREET ADDRESS SARASOTA, FL 34236 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition KANE, STANLEY B NAME NAME STREET ADDRESS 539 NORSTOA WAY STREET ADDRESS SARASOTA, FL 34242 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ПΙΕ ☐ Change ■ Addition KANE, DANIEL NAME NAME STREET ADDRESS 1127 WESTWAY DRIVE STREET ADDRESS SARASOTA, FL 34236 CITY-ST-ZIP CITY-ST-ZIP THE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition TITLE THE NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trustee empreced to execute this report as required by Chapter 607, Florida Statutes; end that my name appears in Block 10 or Block 11 if charged, or on an attaching in an address with an other signature.

David S. Band, Director

OTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/05

941-366-6660

FILED