

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000032829

Entity Name: 5215 DEVELOPMENT, INC.

FILED
Jul 02, 2007
Secretary of State

Current Principal Place of Business:

5215 N. LOIS AVE.
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

5215 N. LOIS AVE.
TAMPA, FL 33614 US

New Mailing Address:

9824 BAY ISLAND DRIVE
TAMPA, FL 33615 US

FEI Number: 59-3516130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOROWITZ, MITCHELL I ESQ.
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: JASPERSON, MARK D
Address: 450 75TH AVE.
City-St-Zip: ST. PETE BEACH, FL 33706

Title: DTSP (X) Delete
Name: JASPERSON, JAY L
Address: 5215 N LOIS AVENUE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: JASPERSON, MARK D
Address: 9824 BAY ISLAND DRIVE
City-St-Zip: TAMPA, FL 33615

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK JASPERSON

DV

07/02/2007

Electronic Signature of Signing Officer or Director

Date