

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90080 046 ***150.00

DOCUMENT # P99000023629

1. Entity Name
THREE QUARTER DEVELOPMENT, INC.



Principal Place of Business
911 JAKL AVE
SARASOTA, FL 34232 US

Mailing Address
PO BOX 50006
SARASOTA, FL 34232 US

60008590



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162007

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0906591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARLO, MICHAEL F
~~42202 LOBELIA TERR.~~
~~BRADENTON, FL 34202~~

Name CARLO, MICHAEL F.

Street Address (P.O. Box Number is Not Acceptable)

5814 BRIGADOON WAY

City SARASOTA

FL

Zip Code 34233

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]

Michael F. Carlo, PS 1-24-07

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME CARLO, MICHAEL F
STREET ADDRESS ~~42202 LOBELIA TERR.~~
CITY-ST-ZIP ~~BRADENTON, FL 34202~~

PS ☒ Change ☐ Addition
NAME CARLO, MICHAEL F.
STREET ADDRESS 5814 BRIGADOON WAY
CITY-ST-ZIP SARASOTA FL 34233

TITLE V ☐ Delete
NAME MOERCHEN, TODD
STREET ADDRESS ~~728 SEAGATE DRIVE~~
CITY-ST-ZIP ~~TAMPA, FL 33602~~

VT ☒ Change ☐ Addition
NAME MOERCHEN, TODD
STREET ADDRESS 112 TILSON RD.
CITY-ST-ZIP MURPHY, NC 28906

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

Michael F. Carlo

1-24-07

941-379-0272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #