

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000067618

1. Entity Name
DRP DEVELOPMENT CORP.



Principal Place of Business

3701 FAU BLVD
205
BOCA RATON, FL 33431

Mailing Address

3701 FAU BLVD
205
BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

FILED
PAID
Mar 21, 2005 08:00 AM
Secretary of State

1185
\$150.-



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0943608

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEAD, THOMAS A
3701 FAU BLVD
205
BOCA RATON, FL 33431

**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 said

SIGNATURE

Signature

If applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
HEAD, THOMAS A
3701 FAU BLVD
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000270505
03/21/05-80010-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #