


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90053 008 \*\*\*150.00

<b>DOCUMENT # P99000078827</b> 1. Entity Name GROUND DEVELOPMENT, INC. OF FLORIDA					
Principal Place of Business 1845 TRADE CENTER WAY C/O CATHRINE A. HERNDON NAPLES, FL 34109			Mailing Address 1845 TRADE CENTER WAY C/O CATHRINE A. HERNDON NAPLES, FL 34109		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3588042</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  DEMPSEY, WILLIAM 821 FIFTH AVE SO #201 NAPLES, FL 34102				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP PD FITERMAN, STEVEN C 6967 VERDE WAY NAPLES, FL 34108			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>SECRETARY</i> Fiterman, Matthew 1845 TRADE CENTER WAY Naples FL 34109		
TITLE NAME STREET ADDRESS CITY - ST - ZIP S HERNDON, CATHRINE A 1845 TRADE CENTER WAY NAPLES, FL 34109			TITLE NAME STREET ADDRESS CITY - ST - ZIP Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete <input type="checkbox"/>			TITLE NAME STREET ADDRESS CITY - ST - ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete <input type="checkbox"/>			TITLE NAME STREET ADDRESS CITY - ST - ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete <input type="checkbox"/>			TITLE NAME STREET ADDRESS CITY - ST - ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete <input type="checkbox"/>			TITLE NAME STREET ADDRESS CITY - ST - ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	