## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P99000086122**

MYRICK DEVELOPMENT, INC.



Principal Place of Business

4450 N.E. 31ST AVENUE LIGHTHOUSE POINT, FL 33064 Malling Address

1255 W ATLANTIC BLVD POMPANO BEACH, FL 33069

## FILED Mar 13, 2006 08:00 AM Secretary of State



01232006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0953080

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MYRICK EDWARD LUR

1255 W ALANTIC BLVD STE 314 POMPANO BEACH, FL 33069			IN THIS SPACE		
	named entity submits this statement for the p tlons of registered agent.	turpose of changing its registered	soffice or r	egistered agent, or be	oth, In the State of Florida. I am familiar with, and eccept
SIGNATURE Squature, typed or printed name of registered agent and title II applicable. (NOTE. R			istered Agent signature required when reinstating) DATE		
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	ing 🔲	\$5,00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS		<del>-</del> ,,	
TITLE NAME GUREET ADDRESS CHY-ST-ZIP	MYRICK, EDWARD L 4450 N.E. 31ST AVENUE LIGHTHOUSE POINT, FL 33064				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	O MYRICK, EDWARD L JR. 1515 NE S COURT DEERFIELD BEACH, FL 33441				tM0000465169 03/22/06 00025-022 150.00
TITLE NAME STREET ADDRESS CATY-ST-2AP	D MYRICK, JAMES T 4450 N.E. 31ST AVENUE LIGHTHOUSE POINT, FL 33064			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. Thereby certify that the information supplied with this filling 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 cath; 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:

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR