

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000091725

1. Entity Name
CLARIDGE DEVELOPMENT, INC.



Principal Place of Business
925 NORTH COURTENAY PARKWAY
SUITE 28
MERRITT ISLAND, FL 32953

Mailing Address
925 NORTH COURTENAY PARKWAY
SUITE 28
MERRITT ISLAND, FL 32953



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3617569
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOHRR, PHILLIP F
1800 WEST HIBISCUS BLVD.
SUITE 138
MELBOURNE, FL 32901

**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 registered agent.

SIGNATURE

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000783562
01/16/08-80020-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KODSI, MAURICE
STREET ADDRESS	PO BOX 320637
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	T
NAME	KODSI, ROBERT
STREET ADDRESS	PO BOX 320637
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	VP
NAME	KODSI, MICHAEL
STREET ADDRESS	PO BOX 320637
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #