

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90027 041 \*\*\*150.00

DOCUMENT # P99000095797



Entity Name  
ANY DEVELOPMENT CO., INC.

Principal Place of Business  
172 TOPANGA DRIVE  
BONITA SPRINGS, FL 34134

Mailing Address  
172 TOPANGA DRIVE  
BONITA SPRINGS, FL 34134

94027310



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03042004 Chg-P CR2E034 (10/03)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
NOT APPLICABLE 59-3604592

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

KALDANY, CATHARINE L  
172 TOPANGA DRIVE  
BONITA SPRINGS, FL 34134

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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, 2004 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	P	<input type="checkbox"/> Delete
NAME	KALDANY, ANDREW	
STREET ADDRESS	172 TOPMYA	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KALDANY, CATHERINE	
STREET ADDRESS	172 TOPAGA DRIVE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	172 TOPANGA DRIVE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	172 TOPANGA DRIVE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #