## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

ANNUAL REPORT					Apr 04, 2005 08:00			
DOCUI	MENT # P9900009		Secretary of State					
	EVELOPMENT COMPANY							
Principal Place	e of Business	Mailing Address						
•	Y 98 EAST #201	212 HIGHWAY 98 EAST #201 DESTIN, FL 32541			1	HERIO ISAN ANAS HIDA GU		
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_	A NOT WOLT	^ <b>-</b>	04012005	No Chg-P	CR2E034 (10/0	3)		
ט	O NOT WRITE	CE	4. FEI Numb 59-360			Applied For Not Applicable		
				5. Certificate	of Status Desired	□ \$8.75 Fee Requ	Additional ulred	
	6. Name and Address of Current	Registered Agent			<del></del>	<u>.</u>		
BABIN, ER	RIC R WAY 98 EAST #201	DO NOT WRITE						
DESTIN, FL 32541			IN THIS SPACE					
				7.				
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Flor	ida. I am familiar w	ith, and accept	
SIGNATURE_	Signature, typed or printed name of registered agen	and tille if appilcable (NOTE, Registere	d Agent signature required	(when reinstating)		DATE		
FILI	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	ncing \$5.	.00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS		<del></del>	l-,			
TIFLE	D	No.						
NAME	BABIN, ERIC R				Hannan:	200042		
STREET ADDRESS	212 HIGHWAY 98 EAST #201		j		04/04/05-	286642 80037 <b>-00</b> 7	150 NO	
CITY-ST-ZIP	DESTIN, FL 32541		4				100.00	
TITLE Name								
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CITY-ST-ZXP								
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NAME			ł					
STREET ADDRESS				DO	NOT W	RITF		
CITY ST-ZIP				**				
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NAME STREET ADDRESS								
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NAME			I					
STREET ADDRESS			ł					
City - ST - ZiP								
TITLE		•	i					

12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), 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 an an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

3/18/05

(850)865-5245