.2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # \$10599 May 11, 2006 08:00 AN Secretary of State 1. Entity Name B & L RESIDENTIAL DEVELOPMENT, INC. Principal Place of Business Mailing Address P.O. BOX 4697 P.O. BOX 4697 N FT MYERS FL 33918-4697 N FT MYERS FL 33918-4697 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0242924 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOPEZ, LOUIS R Street Address (P.O. Box Number is Not Acceptable) 8121 RICH ROAD N FT MYERS FL 33917 City 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 Sign-state, funertion protein name of repusieuen agent and little disposit, mie (NOTE: Babisleted Apert signaline reported when invisible of DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VT TITLE ☐ Delete MLE ☐ Change Addition LOPEZ, BARBARA NAME STREET ADDRESS 8121 RICH RD STREET ADDRESS U00000564425 <u>05/20/06</u>-80065-0<u>07</u> 150.00 CHY-ST-ZIP FORT MYERS FL 33917 CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MANE LOPEZ, LOUIS R NAME STREET ADDRESS STREET ADDRESS 8121 RICH ROAD CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33917 TITLE ☐ Delete Change Addition NAME NAM LOPEZ, LOUIS J STREET ADDRESS STREET ADDRESS 8121 RICH ROAD CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33917 TITLE ☐ Defete HRE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-78 CITY-ST-ZIP HILL ☐ Defete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - S1 - ZIP BILL Delete Hitt ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: