2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2006 08:00 AM

ANNOALILL				Secretary of State		
1. Entity Nam	MENT # S37786 ON DEVELOPMENT GROUP, I	NC.		!	Secret	ary or state
Principal Place of Business Mailing Address 665 HAROLD AVE. P.O BOX 536785 SUITE A ORLANDO, FL 32853-6785 US WINTER PARK, FL 32789 US						
					6	(), 8 18/6 6/6/6 6/8/7 6/8/6 6/9/7 6/66/6667 // 146/
DO NOT WRITE IN THIS SPAC			○ E	01042006	No Chg-P	CR2E034 (11/05)
			<u>i</u> C⊏	4. FEI Number 59-305		Applied For Not Applica
					of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Regi-	stered Agent				
BANKSTON, JAMES W 665 HAROLD AVENUE SUITE A				_	NOT W	
WINTERF	PARK, FL 32789			IN I	THIS SF	ACE
	named entity submits this statement for the ions of registered agent.	purpose of changing its registe	red office or registe	red agent, or bo	h, in the State of Fl	orida. I am familiar with, and acce
SIGNATURE.						
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registe	red Agent signature require	d when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.				.00 May Be led to Fees		
10.	OFFICERS AND DIRE	CTORS				
TITLE NAME	P BANKSTON, JAMES W.					
STREET ADORESS	665 HAROLD AVENUE, SUITE A	-				
CITY-ST-ZIP	WINTER PARK, FL 32789 VP		-		000000	0559779 -80012-013 150.00
NAME	BANKSTON, CHESTER W.				05/18/06-	-80012-013 150.00
STREET ADDRESS CITY-ST-ZIP	665 HAROLD AVENUE, SUITE A WINTER PARK, FL 32789		•			= .
nite	S					
NAME STREET ADDRESS	BANKSTON, ALWILDA S, = 665 HAROLD AVENUE, SUITE A			D0	NOT 14	/DITE
CITY-ST-ZIP	WINTER PARK, FL 32789		_		NOT W	
TITLE NAME				IN .	THIS SF	PACE
STREET ADDRESS						
CITY-ST-ZIP						
NAME						
STREET ADDRESS						

12. I hereby certify that the information supplied with this tiling does not quality 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:

CITY-ST-ZIP TITLE

STREET ADDRESS