


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90566 036 ***150.00

DOCUMENT # S55287
 1. Entity Name
PICERNE CORAL DEVELOPMENT CORPORATION



40073000

Principal Place of Business Mailing Address
 247 N WESTMONTE DR 247 N WESTMONTE DR
 ALTAMONTE SPRINGS, FL 32714 US ALTAMONTE SPRINGS, FL 32714 US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02152005 Chg-P CR2E034 (10/03)

City & State City & State
 Zip Country Zip Country

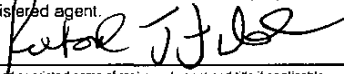
4. FEI Number Applied For
59-3070158 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COSTOLO, W. TERRY ESQUIRE
 215 N EOLA DRIVE
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent
 Name
RICHARD J. FILDES
 Street Address (P.O. Box Number is Not Acceptable)
215 N. EOLA DRIVE
 City State Zip Code
ORLANDO FL 32801

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:  **RICHARD J. FILDES** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	D PICERNE, RONALD R. S 247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PICERNE, ROBERT M 247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PICERNE, ROBERT M. 247 N WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ERICH, JACK W 247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, KEVIN P 25 WEST 43RD STREET, SUITE 704 NEW YORK, NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEFLINGER, JAN C. 247 N WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **ROBERT M. PICERNE** Date: **4/26/05** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT M. PICERNE, PRESIDENT