2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

1. Entity Name	MENT # S62746 evelopment, Inc.				04-29-2005 9	90239 026	***15	60.00	
Principal Place of Business See CYDREGG LANDING DAIVE LONGWOOD FE 32779-2003 130 Safe Mailing Address 388 CYDREGG LANDING DRIVE ANGWOOD FE 32779-2003 130 Safe Mailing Address 130 Safe Mailing Address 388 CYDREGG LANDING DRIVE ANGWOOD FE 32779-2003 130 Safe Mailing Address				<i>i2</i> 87	14008775				
Suite, Apt.	ace of Business	3. MailinglAddress Suite, Apt. #, etc.	01102005	 Chg-P	CR2E034	<u>` </u>			
Lity & State	Country Harity	Wieder Grober	Winder Cooper Aprila Zip Country		er 4555		—	Applied For Not Applicable	
34787 347		34787			of Status Desired	Fe	e Requir		
6. Name and Address of Current Registered Agent				7. Name and	Address of New R	legistered Ag	ent		
PIGOZZI, WILLIAM D. 130 SOUTH MAIN STREET WINTER GARDEN, FL 34787				Street Address (P.O. Box Number is Not Acceptable)					
William Oxidati, La Oxida									
				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, typod or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND D		11.	ADDITIONS	CHANGES TO OFF	ICERS AND D	IRFCIO	RS IN 11	
	P PIGOZZI, WILLIAM D. Y 130 South Main S	ree	NAME STREET ADDRESS	13,0 South	Main Sta	*+ ₃ ,	Change	Addition	
TITLE	WINTER GARDEŇ, FL 34787	☐ Delete	CITY-ST-ZIP TITLE	winger G	10 Man 170	<u> </u>	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP						
TITLE			TITLE				Change	Addition	
NAME STREET ADDRESS (CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP						
TITLE			TITLE				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP						
TITLE			TITLE			С	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME Street address City-St-Zip						
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			C	Change	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: William From Cresile 4 305 407-877-7070 X20									