


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # V19158 1. Entity Name WILDFLOWER DEVELOPMENT CORPORATION	
---	---

Principal Place of Business 10160 MCGREGOR BLVD. FORT MYERS, FL 33919	Mailing Address 10160 MCGREGOR BLVD. FORT MYERS, FL 33919
---	---

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0394586	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

FARNSWORTH, ROBERT L.
10160 MCGREGOR BLVD.
FORT MYERS, FL 33919

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

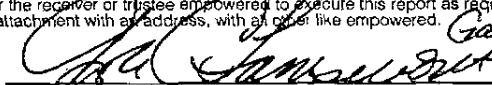
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARNSWORTH, ROBERT L. 10160 MCGREGOR BLVD. FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARNSWORTH, GAYLE C. 10160 MCGREGOR BLVD. FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAVER, CYNTHIA 3628 HERITAGE LANE FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAVER, ROGER WARD 3628 HERITAGE LANE FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000340557
04/28/05-80121-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  4/25/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #