

2008 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # P03000119813	
1. Entity Name OLD FLORIDA TRUST DEVELOPMENT COMPANY	

Principal Place of Business 1261 WALES DR FORT MYERS, FL 33901	Mailing Address 1261 WALES DR FORT MYERS, FL 33901
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66004620



DO NOT WRITE IN THIS SPACE

02142008 No Chg-P CR2E034 (11/05)

4. FEI Number 74-3108648	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JURSINSKI, KEVIN F 7800 UNIVERSITY POINTE DR STE 200 FT MYERS, FL 33907
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

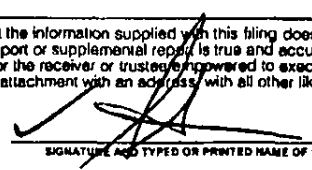
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

1000000887842
04/21/08-80036-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SWINK, SIDNEY 4120 SW 20 AVE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JORDAN, CLYDE 4120 SW 20 AVE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JORDAN, TRUDIE 4120 SW 20 AVE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWINK, SUSAN 4120 SW 20 AVE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **3/15/08 239-822-6562**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #