

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90093 022 \*\*\*150.00



**DOCUMENT # S50546**  
 1. Entity Name  
**S & B DEVELOPMENT ENTERPRISES, INC.**

Principal Place of Business: 26268 STATE RD 247 BRANFORD, FL 32008 US  
 Mailing Address: 26268 STATE ROAD 247 BRANFORD, FL 32008 US

40073179



04132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 59-3064389 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

FISCHER, JAMES D  
 10601-210 SAN JOSE BLVD.  
 JACKSONVILLE, FL 32257

**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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PSD
NAME	CUMMINS, ROBERT
STREET ADDRESS	26268 STATE RD 247
CITY - ST - ZIP	BRANFORD, FL 32008
TITLE	TD
NAME	CUMMINS, SANDRA
STREET ADDRESS	26268 STATE RD 247
CITY - ST - ZIP	BRANFORD, FL 32008
TITLE	VPD
NAME	WILSON, RONALD
STREET ADDRESS	4606 EAST PALO VERDE DR
CITY - ST - ZIP	PHOENIX, AZ 85018
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE 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: *Robert E Cummins* Robert E Cummins President 4/13/07 388 590 3167  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #