

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 203869

FILED
Mar 04, 2009
Secretary of State

Entity Name: AZZARELLI DEVELOPMENT CORP

Current Principal Place of Business:

4356 W. RT. 17
PO BOX 767
KANKAKEE, IL 60901 US

New Principal Place of Business:

4356 W. RT. 17
KANKAKEE, IL 60901 US

Current Mailing Address:

4356 W. RT. 17
PO BOX 767
KANKAKEE, IL 60901 US

New Mailing Address:

FEI Number: 36-2434931 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AZZAVELL, SAMUEL J
161 BATH CLUB CR
SAINT PETERSBURG, FL 33708 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AZZARELLI, JOSEPH R
Address: 97 ANTON COURT
City-St-Zip: HOMOSASSA, FL 34446

Title: D () Delete
Name: AZZARELLI, JAMES
Address: 15906 TREVOSE LANE
City-St-Zip: ODESSA, FL 33556

Title: S () Delete
Name: LYNCH, PAT
Address: 14 MARQUETTE LANE
City-St-Zip: KANKAKEE, IL 60901

Title: PD () Delete
Name: AZZARELLI, BRET
Address: 7808 RIVERSHORE DRIVE
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: AZZARELLI, BRET
Address: 7808 RIVER SHORE DRIVE
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: GERTH, JAMES
Address: 3097 WOODHAVEN DRIVE
City-St-Zip: BOURBONNAIS, IL 60914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HINTON, LARRY A
Address: 2473 POTTERS TURN
City-St-Zip: KANKAKEE, IL 60901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY A HINTON

S

03/04/2009

Electronic Signature of Signing Officer or Director

Date