


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # 270503 1. Entity Name WAUCHULA DEVELOPMENT CORPORATION					
Principal Place of Business 220 N 6TH AVE WAUCHULA, FL 33873		Mailing Address 220 N 6TH AVE WAUCHULA, FL 33873			
DO NOT WRITE IN THIS SPACE					
				 01092007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1008972		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 ROBERTS, LAWRENCE A. 220 N. 6TH AVE. WAUCHULA, FL 33873				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				 01/16/07-80030-014 150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD ROBERTS, LAWRENCE A 220 N SIXTH AVENUE WAUCHULA, FL 33873			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STD PITTS, THELMA V 220 N SIXTH AVENUE WAUCHULA, FL 33873			
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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:  LAWRENCE A. ROBERTS		1/12/07		8637733337	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	