

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 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



01022008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1008972	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent ROBERTS, LAWRENCE A. 220 N. 6TH AVE. WAUCHULA, FL 33873	
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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 reinstating) 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**

10. OFFICERS AND DIRECTORS	
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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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: *Lawrence A. Roberts*
LAWRENCE A. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-08-08
Date

(863) 773.3337
Daytime Phone #