

2009 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED

09 JAN 13 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062009 No Chg-P CR2E034 (11/08)

DO NOT WRITE IN THIS SPACE

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	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2009 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBERTS, LAWRENCE A
STREET ADDRESS	220 N SIXTH AVENUE
CITY - ST - ZIP	WAUCHULA, FL 33873
TITLE	STD
NAME	PITTS, THELMA V
STREET ADDRESS	220 N SIXTH AVENUE
CITY - ST - ZIP	WAUCHULA, FL 33873
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

900140444669
01/13/09--01006--005 **150.00

**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: Lawrence A Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/09 8637733334
Date Daytime Phone #