

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUN 14 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05232007 Chg-P CR2E034 (12/06)

DOCUMENT # 353355

1. Entity Name  
MISSION DEVELOPMENT COMPANY



Principal Place of Business  
1495 FOREST HILLS BLVD.  
STE G  
WEST PALM BEACH, FL 33406

Mailing Address  
P.O. BOX 17499  
WEST PALM BEACH, FL 33416-7499

2. Principal Place of Business - No P.O. Box #  
1499 Forest Hill Blvd.

3. Mailing Address

Suite, Apt. #, etc.  
107

Suite, Apt. #, etc.

City & State  
West Palm Beach FL

City & State

Zip  
33406

Country  
U.S.A.

Zip

Country

4. FEI Number  
59-1363419

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, DANIEL P  
1495 FOREST HILL BLVD. STE G  
WEST PALM BEACH, FL 33406

Name  
Lewis Daniel P.  
Street Address (P.O. Box Number is Not Acceptable)

1499 Forest Hill Blvd. Ste 107  
West Palm Beach FL 33406

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
LEWIS, DANIEL P  
1495 FOREST HILL BLVD. STE. G  
WEST PALM BEACH, FL 33406 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
100103236151  
05/25/07--01007--001 \*\*\$500.00

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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-07

Date

561-964-0700

Daytime Phone #

7c 6/14