

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 520927

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: VAN ZANDT DEVELOPMENT, INC.

**Current Principal Place of Business:**

2590 STATE ROAD 44  
NEW SMYRNA BCH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

2590 STATE ROAD 44  
NEW SMYRNA BCH, FL 32168

**New Mailing Address:**

FEI Number: 59-1721537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VAN ZANDT ROSALIE  
2549 LA LINDA DRIVE  
NEW SMYRNA BEACH, FL 32168 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: PD ( ) Delete  
Name: VAN ZANDT, ROSALIE  
Address: 2549 LA LINDA DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL

Title: D ( ) Delete  
Name: VAN ZANDT, RICHARD  
Address: 2590 SR 44  
City-St-Zip: NEW SMYRNA BCH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ROSALIE VAN ZANDT

PRES

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date