

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 597748

1. Entity Name  
EASTENN DEVELOPMENT CO., INC.



FILED

2007 APR 30 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1020 E. LAFAYETTE STREET  
SUITE 110  
TALLAHASSEE, FL 32301 US

Mailing Address  
P.O. BOX 930  
TALLAHASSEE, FL 32302 US



04302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1914531

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BARRETT, DAVID A  
1020 E. LAFAYETTE STREET  
SUITE 110  
TALLAHASSEE, FL MH, FL 32302

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

500102201895  
05/11/07--01011--012 \*\*150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROWARD, DAVIS
STREET ADDRESS	P O BOX 2467 NA
CITY-ST-ZIP	CASHIERS, NC
TITLE	SD
NAME	BARRETT, DAVID A
STREET ADDRESS	P O BOX 930
CITY-ST-ZIP	TALLAHASSEE, FL 32302
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

*David A. Barrett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

Daytime Phone #

51100