

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 657144

FILED
Apr 22, 2009
Secretary of State

Entity Name: DARRON DEVELOPMENT, INC.

Current Principal Place of Business:

1810 J & C BLVD
UNIT 10
NAPLES, FL 34109 US

New Principal Place of Business:

1810 J&C BLVD
UNIT 10
NAPLES, FL 34109 US

Current Mailing Address:

1810 J & C BLVD
UNIT 10
NAPLES, FL 34109 US

New Mailing Address:

P O BOX 771299
NAPLES, FL 34107 US

FEI Number: 59-1989336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAMICO, DARRYL J.
1810 J & C BLVD
UNIT 10
NAPLES, FL 34109 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: DAMICO, DARRYL JAMES
Address: 1810 J & C BLVD, UNIT 10
City-St-Zip: NAPLES, FL

Title: VPD () Delete
Name: BRADLEY, DAMICO
Address: 1810 J & C BLVD, UNIT 10
City-St-Zip: NAPLES, FL 34109

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: DARRYL J DAMICO

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date