2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

May 05, 2008 8:00 am Secretary of State **DOCUMENT # 660918** 1. Entity Name 05-05-2008 90242 011 ***150.00 CHARTER DEVELOPMENT CORP. Principal Place of Business Mailing Address 4000 NORTH 'W' STREET 4000 NORTH 'W' STREET PENSACOLA FL 32505 PENSACOLA FL 32505 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-2564724 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDGAR, R D 4296 CAPRI DR. Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32504 Zip Code FL 8. The above named entity subtigits 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 janks of registered ordert and life 4 applicable. SNOTE Registered Agent empature removal when constalling DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE TITLE ☐ Change Delete ■ Addition NAME EDGAR, R D NAME STREET ADDRESS 4296 CAPRI DR STREET ADDRESS PENSACOLA FL 32504 CITY-ST-7P CITY-ST-7IP VD TITLE Folgan Romald It 6126 Tonawanda DR Pensacola FL 32506 Change ☐ Datete TITLE ■ Addition NAME EDGAR, RONALD H NAME 7225 WEST FAIRFIELD AVE. STREET ADDRESS STREET ADORESS CITY-ST-ZIP PENSACOLA FL 32506 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOLE ☐ Delete TITLE Change ☐ Addition MANE NAME STREET ADDRESS STREET ADDRESS OITY-ST-ZIP CITY-ST-7IP HILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 tustee 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 alta hipert with an address with a statute empowered.