


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 690376</b> 1. Entity Name <b>ALTAMONTE DEVELOPMENT CORPORATION</b>	
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Principal Place of Business <b>2925 WEST STATE 434 SUITE 111 LONGWOOD, FL 32779 US</b>	Mailing Address <b>2925 WEST STATE 434 SUITE 111 LONGWOOD, FL 32779 US</b>
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**DO NOT WRITE IN THIS SPACE**



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2115071</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**GOODMAN, BARRY S.  
2925 WEST STATE RD 434  
SUITE 111  
LONGWOOD, FL 32779**

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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 reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODMAN, BARRY S. 2925 WEST STATE RD 434 SUITE 111 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FREEDMAN, JEROME B 2925 WEST STATE RD 434 SUITE 111 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KNOWLES, LISA A 2925 WEST STATE RD 434 SUITE 111 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUGHEY, JOANNE 2925 WEST STATERD 434 SUITE 111 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/14/08-80057-010 150.00

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:**  **Barry S. Goodman, President** 4/11/08 407-865-5849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #