

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 698435**

1. Entity Name  
**LEAR DEVELOPMENT CORP.**



Principal Place of Business

**55 EAST OSCEOLA ST.  
SUITE 202  
STUART, FL 34994 US**

Mailing Address

**P. O. BOX 1048  
STUART, FL 34995-1048 US**



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2124297**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RIMER, S. ROBERT  
55 EAST OSCEOLA ST  
#202  
STUART, FL 33494**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	RIMER, ANITA
STREET ADDRESS	2275 S. OCEAN BLVD.
CITY-ST-ZIP	PALM BCH., FL
TITLE	PTD
NAME	RIMER, S ROBERT
STREET ADDRESS	55 EAST OSCEOLA ST.
CITY-ST-ZIP	STUART, FL
TITLE	VD
NAME	RIMER, JOHN
STREET ADDRESS	2275 SOUTH OCEAN BLVD.
CITY-ST-ZIP	PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000778444  
01/10/08-80048-021 158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**S. ROBERT RIMER**

DATE

**1/4/08 772-287-8866**

Daytime Phone