

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90035 014 ***150.00

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1. Entity Name
DEVELOPMENT PLANNING & FINANCING GROUP, INC.



Principal Place of Business
**27127 CALLE ARROYO, STE. 1910
SAN JUAN CAPISTRANO, CA 92675**

Mailing Address
**27127 CALLE ARROYO, STE. 1910
SAN JUAN CAPISTRANO, CA 92675**

40041000



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8150046

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PARACORP INCORPORATED
236 E. 6TH AVE.
TALLAHASSEE, FL 32303**

**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	DPT
NAME	FOREMAN, JOHN E.
STREET ADDRESS	27127 CALLE ARROYO, STE. 1910
CITY-ST-ZIP	SAN JUAN CAPISTRANO, CA 92675
TITLE	D
NAME	FOREMAN, DOUG S.
STREET ADDRESS	27127 CALLE ARROYO, STE. 1910
CITY-ST-ZIP	SAN JUAN CAPISTRANO, CA 92675
TITLE	VP
NAME	LIGHTBURN, R-CHRIS
STREET ADDRESS	27127 CALLE ARROYO, STE. 1910
CITY-ST-ZIP	SAN JUAN CAPISTRANO, CA 92675
TITLE	S
NAME	HE, PING
STREET ADDRESS	27127 CALLE ARROYO, STE. 1910
CITY-ST-ZIP	SAN JUAN CAPISTRANO, CA 92675
TITLE	VP
NAME	PETE PULLER
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	CHRS AUSTIN VP
NAME	CHRIS AUSTIN
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: John Foreman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08
Date

Daytime Phone #