

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2008 08:00 AM
Secretary of State**

DOCUMENT # F95000001227

1. Entity Name
GARFUNKEL DEVELOPMENT CORPORATION



Principal Place of Business
**400 MALL BLVD., STE. M
SAVANNAH, GA 31406**

Mailing Address
**400 MALL BLVD., STE. M
SAVANNAH, GA 31406**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2153541

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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**

**000000788633
01/18/08-80050-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPT
GARFUNKEL, CHARLES
400 MALL BLVD., STE. M
SAVANNAH, GA 31406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CS
GARFUNKEL, AMY
400 MALL BLVD., STE. M
SAVANNAH, GA 31406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
GARFUNKEL, CHARLES
400 MALL BLVD., STE. M
SAVANNAH, GA 31406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/08

912-355-1311
Date Daytime Phone #