


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F96000000937</b> 1. Entity Name <b>ABACOA DEVELOPMENT COMPANY</b>	
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Principal Place of Business <b>301 CONGRESS AVENUE SUITE 500 AUSTIN, TX 78701 US</b>	Mailing Address <b>301 CONGRESS AVENUE SUITE 500 AUSTIN, TX 78701 US</b>
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**DO NOT WRITE IN THIS SPACE**



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>51-0372237</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GARY, JOHN W III  
701 US HIGHWAY 1  
SUITE 402  
NORTH PALM BEACH, FL 33408**

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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

**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 NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, TIMOTHY 301 CONGRESS AVENUE, SUITE 500 AUSTIN, TX 78701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTZ, JOSHUA T 140 S DEARBORN SUITE #1100 CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, STEPHEN T 301 CONGRESS AVENUE, SUITE 500 AUSTIN, TX 78701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HARPER, PAM 301 CONGRESS AVENUE, SUITE 500 AUSTIN, TX 78701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000239827  
03/06/08-80026-024 150.00

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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

**2-13-08**

Date

Daytime Phone #