2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000002195

1. Entity Name
CSL DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
40 SOUTH PALAFOX PL SUITE 500 PENSACOLA, FL 32502	40 SOUTH PALAFOX PL SUITE 500 PENSACOLA, FL 32502

DO NOT WRITE IN THIS SPACE

07102007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3293129	Not Applicable

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

6. Name and Address of Current Registered Agent

LIBERIS, CHARLES S
40 SOUTH PALAFOX PL
SUITE 500
PENSACOLA, FL 32502

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 $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000773213
09/05/07-80002-002 550.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LIBERIS, CHARLES S
STREET ADDRESS	40 SOUTH PALAFOX PL
CITY-ST-ZIP	PENSACOLA, FL 32502

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____   8-27-07   850-438-9647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #