


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90036 014 ***150.00

DOCUMENT # G52596	
1. Entity Name DEVELOPMENT & COMMERCIAL PROPERTIES, INC.	

Principal Place of Business 987 SAND CASTLE ROAD SANIBEL, FL 33957 US	Mailing Address P.O. BOX 134 SANIBEL ISLAND, FL 33957
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40067363



2. Principal Place of Business - No P.O. Box # 93 CARDINAL DRIVE	3. Mailing Address 93 CARDINAL DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04102008 Chg-P CR2E034 (12/06)

City & State NORTH FORT MYERS, FL	City & State NORTH FORT MYERS, FL
Zip 33917	Zip 33917
Country USA	Country USA

4. FEI Number 59-2309041	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRODEUR, JUDY K 987 SANDCASTLE ROAD SANIBEL ISLAND, FL 33957

7. Name and Address of New Registered Agent	
Name POWELL, JUDY K.	
Street Address (P.O. Box Number is Not Acceptable) 93 CARDINAL DRIVE	
City NORTH FORT MYERS, FL	Zip Code 33917

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 <i>Judy K. Powell</i>	DATE 4/10/08
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST BRODEUR, JUDY K. 987 SAND CASTLE ROAD SANIBEL, FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	POWELL, JUDY K. 93 CARDINAL DRIVE NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Judy K. Powell</i>	DATE: 4/10/08 DAYTIME PHONE: 239 770-8899
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	