


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # H13781	
1. Entity Name FELLSMERE DEVELOPMENT CORPORATION, INC.	

Principal Place of Business 215 BAYTREE DRIVE MELBOURNE, FL 32910-0000	Mailing Address 215 BAYTREE DRIVE MELBOURNE, FL 32910-0000
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DO NOT WRITE IN THIS SPACE

04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2495033	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GLOVER, JOSEPH H 1825 S RIVERVIEW DR MELBOURNE, FL 32901	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000711180 04/25/07-80072-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLOVER, JOSEPH H. 3109 S. MAIN STREET MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REINMAN, JAMES L. 1825 S RIVERVIEW DR MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYMAN, CHARLES W JR 215 BAYTREE DR MELBOURNE, FL 32940
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 all other like empowered.

SIGNATURE: *Chad L. S.* **4/12/2007 321-255-0088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #