# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 15, 2009**
**Secretary of State**

DOCUMENT# H15696

**Entity Name:** COMPLETE DEVELOPMENT, INC.

**Current Principal Place of Business:**

14338 HWY 301 NORTH
THONOTOSASSA, FL 33592 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 450
THONOTOSASSA, FL 33592 US

**New Mailing Address:**

**FEI Number: 59-2493690** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIA, JOSEPH
3000 FIRST FL.TOWER
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: POE, JASON
Address: 12713 ST. FRANCIS LN
City-St-Zip: THONOTOSASSA, FL 33592

Title: S ( ) Delete
Name: POE, LARRY NEAL
Address: 6105 KNIGHTS GRIFFIN ROAD
City-St-Zip: PLANT CITY, FL 33566

Title: T ( ) Delete
Name: KRUEGER, KEVIN
Address: 2111 N 15TH ST
City-St-Zip: TAMPA, FL 33605

Title: V ( ) Delete
Name: POE, LARRY NEAL
Address: 6105 KNIGHTS GRIFFIN RD.
City-St-Zip: PLANT CITY, FL 33566

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON B POE PRES 01/15/2009

Electronic Signature of Signing Officer or Director Date