2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # H30917

1. Entity Name
T. G. M. DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
P O BOX 209 FREEPORT, FL 32439	P O BOX 209 FREEPORT, FL 32439

DO NOT WRITE IN THIS SPACE

04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2465535 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCORMICK, CORNELIA
1089 CO HWY 83A EAST
FREEPORT, FL 32439

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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 ______________________________ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000533198
05/06/06-80115-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCORMICK, GERALD
STREET ADDRESS	6000 CO HWY 278
CITY ST ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	ST
NAME	MCCORMICK-BRANNON, CORNELIA
STREET ADDRESS	PO BOX 209
CITY ST ZIP	FREEPORT, FL 32439
TITLE	VP
NAME	MCCORMICK, FRANKIE
STREET ADDRESS	6000 CO HWY 278
CITY ST ZIP	DEFUNIAK SPRING, FL 32433
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: Cornelia McCormick Brannon 4/17/06 850-835-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Cornelia McCormick-Brannon