

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H30917

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

P O BOX 209
FREEPORT, FL 32439

New Principal Place of Business:

1089 COUNTY HWY 83 A EAST
FREEPORT, FL 32439

Current Mailing Address:

P O BOX 209
FREEPORT, FL 32439

New Mailing Address:

FEI Number: 59-2465535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCORMICK, CORNELIA
1089 CO HWY 83A EAST
FREEPORT, FL 32439 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: ST () Delete
Name: MCCORMICK-BRANNON, CORNELIA
Address: PO BOX 209
City-St-Zip: FREEPORT, FL 32439

Title: P () Delete
Name: MCCORMICK, FRANKIE
Address: 6000 CO HWY 278
City-St-Zip: DEFUNIAK SPRING, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: MCCORMICK-BRANNON, CORNELIA
Address: 1089 COUNTY HWY 83A EAST
City-St-Zip: FREEPORT, FL 32439

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: CORNELIA MCCORMICK BRANNON

SEC

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date