2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H36942

City-St-Zip:

VD

YOUNG, JOE C.

DESTIN, FL

845 LAKESIDE DRIVE

Title:

Name:

Address:

City-St-Zip:

FORT WALTON BEACH, FL 32548

() Delete

Entity Name: SCARAB DEVELOPMENT CORPORATION

FILED Apr 01, 2009 Secretary of State

•							
Current Pr	incipal Place	of Business:	New Prince	New Principal Place of Business:			
% DON W. DAVID , JR. 525 MOUNTAIN DRIVE DESTIN, FL 32541			525 MOUN	% JOE C. YOUNG 525 MOUNTAIN DRIVE DESTIN, FL 32541			
Current Ma	ailing Addres	s:	New Maili	New Mailing Address:			
	TAIN DRIVE	TRUCTORS, INC					
FEI Number:	59-2530896	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired	()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
YOUNG, JO 525 MOUN DESTIN, F	TAIN DRIVE	S					
The above in the State		submits this statement for the p	urpose of changing	its registered	office or registered agent, o	r both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financing	g Trust Fund Contribution ().					
OFFICERS	AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () DAVID, DON W 3803 INDIAN TE DESTIN, FL		Title: Name: Address: City-St-Zip:	PD (DAVID, DON 3803 INDIAN DESTIN, FL (TRAIL		
Title: Name: Address: City-St-Zip:	STD () HAMBY, DENNI 1229 FOREST MIRAMAR BEA	SHORE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	VD () KENDRICK, HE 61 YACHT CLU		Title: Name: Address:	() Change () Addition		

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.

City-St-Zip:

VD

YOUNG, JOE C.

845 LAKESIDE DRIVE

DESTIN, FL 32541

(X) Change () Addition

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOE C YOUNG VD 04/01/2009