


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 08:00 AM
Secretary of State

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| DOCUMENT # J49118 1. Entity Name MAHAN DEVELOPMENT CORPORATION |  |
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| Principal Place of Business 9601 MICCOSUKEE RD. - 62 TALLAHASSEE, FL 32309 | Mailing Address P O BOX 13708 TALLAHASSEE, FL 32317 |
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01112007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2751968 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MITCHELL, CHARLES B., III 9601 MICCOSUKEE RD -62 TALLAHASSEE, FL 32309 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| 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 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD MITCHELL, CHARLES B. III 9601 MICCOSUKEE RD - 62 TALLAHASSEE, FL 32309 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD DOZIER, LAURIE L. III 2101 E RANDOLPH CIR TALLAHASSEE, FL 32312 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD SCHUEREN, VINCENT L. 909 LASSWADE DR TALLAHASSEE, FL 32312 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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02/15/07-80056-016 150.00

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 all address, with all other like empowered.

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| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Jan. 30, 2007 <small>Date</small> | 850-566-6100 <small>Daytime Phone #</small> |
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Charles B. Mitchell III