

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90076 041 ***150.00

DOCUMENT # J90345

1. Entity Name

FAMILY DEVELOPMENT, INC.



Principal Place of Business

~~2033 MAIN STREET~~
~~STE 303~~
~~SARASOTA FL 34237~~
~~US~~

Mailing Address

2999 LAUREL WIND BLVD
LEWIS CENTER OH 43035
US

2. Principal Place of Business

2999 LAUREL WIND BLVD

3. Mailing Address

Suite, Apt. #, etc.

LEWIS CENTER OHIO

City & State

City & State

Zip

43035

Country

USA

Zip

Country

4. FEI Number

65-0004324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRANGER, PAUL
~~G/O MARIE ZIMMER~~
~~3556 KILLARNEY PLZ DR~~
~~TALLAHASSEE FL 32309~~

THIS IS
CORRECT

7. Name and Address of New Registered Agent

Name

PAUL F. GRANGER

Street Address (P.O. Box Number is Not Acceptable)

~~2033 MAIN STREET~~
~~STE 303~~
~~SARASOTA FL 34237~~

City

FL

Zip Code

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

1-24-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME O'REILLY, CHRISTINE
STREET ADDRESS 5519 BELLERUE PL
CITY-ST-ZIP WESTERVILLE OH 43082

TITLE P ☐ Delete
NAME GRANGER, PAUL F.
STREET ADDRESS 2999 LAUREL WIND BLVD
CITY-ST-ZIP LEWIS CENTER OH 43035

TITLE D ☐ Delete
NAME GRANGER, KEVIN K.
STREET ADDRESS 391 FALL RIVER DRIVE
CITY-ST-ZIP REYNOLDSBURG OH 43068

TITLE S ☐ Delete
NAME GRANGER, KATHLEEN
STREET ADDRESS 2999 LAUREL WIND BLVD
CITY-ST-ZIP LEWIS CENTER OH 43035

TITLE D ☐ Delete
NAME BALLINGER, TERESA L.
STREET ADDRESS 1110 PINERIDGE DRIVE
CITY-ST-ZIP MARION OH 43302

TITLE D ☐ Delete
NAME GRANGER, JEFFREY F.
STREET ADDRESS 203 W ROSELAWN DR
CITY-ST-ZIP LOGANSPORT IN 46947

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME MARTIN GRANGER
STREET ADDRESS 1482 CLOVENSTONE DR
CITY-ST-ZIP WORTHINGTON OHIO 43085

TITLE D ☐ Change ☒ Addition
NAME BRADLEY GRANGER
STREET ADDRESS 244 Dogwood DR
CITY-ST-ZIP DELAWARE OHIO 43015

TITLE D ☐ Change ☒ Addition
NAME KELLY GRANGER
STREET ADDRESS 6506 Cobblers TR
CITY-ST-ZIP MIDDLE TOWN OHIO 45044

TITLE D ☐ Change ☒ Addition
NAME PAUL A. GRANGER
STREET ADDRESS 383 BELK FOUNTAIN AVE
CITY-ST-ZIP MARION OHIO 43302

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-04

Date

Daytime Phone #

740-657-8460