## 2006 FOR PROFIT CORPORATION

## DOCUMENT # K31662

HOUSTON DEVELOPMENT CORPORATION

Principal Place of Business 50 PINETREE COURT

PALM HARBOR, FL 34683 US

Mailing Address

TERRENCE TORNEY 50 PINETREE CT PALM HARBOR, FL 34683

## FILED Jan 17, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2910238

5. Certificate of Status Desired □ \$8

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

TORNEY, TERRENCE 50 PINETREE COURT PALM HARBOR, FL 34683

## DO NOT WRITE IN THIS SPACE

		IN THIS SPACE					
8. The above the obligat	named entity submits this statement for the pions of registered agent.	surpose of changing its registered	office or r	egistered agent, or bo	oth, in the State	of Florida. I am famili	ar with, and accept
SIGNATURE.	<u> </u>		<u></u>				<u> </u>
	Signature, typed or printed name of registered agent and blie	il applicable. (NOTE, Registered A	gent signature	required when reinstating)		, DATE	T. 12
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	<ol> <li>Election Campaign Financi Trust Fund Contribution.</li> </ol>	ing 🎞	\$5.00 May Be Added to Fees	01/19/	000387548 06-80044-005	150.80
16.	OFFICERS AND DIREC	CTORS	-	. <del></del>	1		-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORNEY, TERRY 50 PINETREE CT PALM HARBOR, FL						
TITLE NAME STREET ADORESS CITY-ST-ZIP	V TORNEY, NANCY M. 50 PINETREE CT PALM HARBOR, FL						
TITLE NAME STREET ADDRESS CITY -ST-ZIP	ST TORNEY, TERRY 50 PINETREE CT PALM HARBOR, FL	,		DO	NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS	SPACE	
TITLE NAME STREET ADDRESS CATY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							Transco
12. I hereby of indicated	certify that the information supplied with this fill on this report or supplemental report is true a	ling does not qualify for the exemund accurate and that my signature	ptions cor e shall hav	ntained in Chapter 11:	9, Florida Statu ot as if made u	tes. I further certify the	at the information

12. Thereby certify that in minimation supplied with this filling 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.

EMINICO KONNEY TENSINES ENENSY 1/13/06 (727)789-959;
SIGNATURE AND TYPED OR PRINTED NAME OFFICER OR DIRECTOR DESCRIPTION OF DESCRIPTION OF