

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # K73284**

1. Entity Name  
**TEMPLE DEVELOPMENT COMPANY**



Principal Place of Business  
**2300 N W CORPORATE BLVD  
SUITE 328  
BOCA RATON, FL 33431 US**

Mailing Address  
**2300 NW CORPORATE BLVD  
SUITE 238  
BOCA RATON, FL 33431 US**



03142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0107933</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**TEMPLE, JOHN W.  
2300 NW CORPORATE BOULEVARD  
SUITE 238  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>PST TEMPLE, JOHN W. 2300 CORPORATE BLVD. NW BOCA RATON, FL</b>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D TEMPLE, JOHN W. 2300 CORPORATE BLVD. NW BOCA RATON, FL</b>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>S LIVELY, DIANE 2300 NW CORPORATE BLVD BOCA RATON, FL</b>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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04/16/07-80048-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John W. Temple  
President**

**4/3/2007 561-997-8841**

Date

Daytime Phone #