2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 09, 2007 8:00 am Secretary of State

DOCUMENT # K85745 1. Entity Name GREENWOOD DEVELOPMENT CORPORATION OF FLORIDA, INC.							07-09-200	07 90044 (
Principal Place of Business		Mailing Address				404~-				
C/O JULIAN J. NEXSEN, JR. 104 MAXWELL ST		C/O JULIAN J. NEXSEN, JR. 104 MAXWELL ST								
GREENWOOD, SC 29646		GREENWOOD, SC 29646				1 (88:11)) 88	1 (6) () (11) (12) (12) (12)	III BIBN BIBII BIBN	BIYII BIBII BIBI	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Po Box / 41								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				07022007	Chg-P	CR2E03	4 (12/06)	
City & State		City & State CREEN 2000 5C				4. FEI Number 59-089			<u> </u>	plied For t Applicable
Zip	Country	Zip 29648	Country			5. Certificate	of Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registered Agent						7. Name and	Address of New	Registered A	gent	
GRIMSLEY, JAMES W. 25 WALTER MARTIN ROAD, NE FT. WALTON BEACH, FL 32548				Name Street Address (P.O. Box Number is Not Acceptable)						
			F	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										
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Fi Trust Fund Contribution				ing 🗆		00 May Be ed to Fees	In accordance corporation did			
10.	OFFICERS AND I	DIRECTORS	RECTORS 11.			ADDITIONS.	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE	V	☐ Delete TITI							☐ Change	☐ Addition
NAME	PIGG, CHARLES W		NAME							
STREET ADDRESS	104 GLENRIDGE CIRCLE			T ADDRESS						
CITY ST ZIP			CITY · S	ST-ZIP						
TITLE			TITLE						Change	Addition
NAME	NEXSEN, JULIAN J., JR.	NA ST								
STREET ADDRESS				TADORESS						
CITY-ST-ZIP	GREENWOOD, SC 29649		ÇITY-S	5(-Z F						
TITLE	V LOVE	☐ Delete	TITLE						☑ Change	☐ Addition
NAME	STEVERSON, JOY B		NAME	T ADDRESS .	220	E CAMA	LIDGE AVE			
STREET ADDRESS	308 CREEK ROAD WEST		3 Inct	HADDHE99	احسن			-		

GREENWOOD, SC 29646 CITY-ST-ZIP GREENWOOD, SC 29646 CITY-ST-ZIP HILE ☐ Delete TITLE Change Addition POOLE, RONALD R NAME NAME 245 BROOKFIELD DRIVE STREET ADDRESS STREET ADDRESS CITY ST ZIP GREENWOOD, SC 29646 CITY-ST-ZIP Delete ☐ Change Addition TITLE HILE NAME WATKINS, WILLIAM B NAME 118 AMHERST DR STREET ADDRESS STREET ADDRESS GREENWOOD, SC 29649 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19. 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

7/3/07

864-941-4019