2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L40759

1. Entity Name CHC DEVELOPMENT CO., INC.



FILED
Mar 31, 2008 08:00 A
Secretary of State

Principal Place of Business

801 N. ORANGE AVENUE

SUITE 820 ORLANDO, FL 32801 Mailing Address

801 N. ORANGE AVENUE SUITE 820 ORLANDO, FL 32801



03102008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2988948

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAHILL, CARL H. 801 N. ORANGE AVENUE SUITE 820 ORLANDO, FL 32801

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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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	U00000875467 04/11/08-80035-003 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CAHILL, CARL H. 801 N. ORANGE AVENUE SUITE 820 ORLANDO, FL 32801		·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAHILL, GREGORY S 801 N. ORANGE AVE, SUITE 820 ORLANDO, FL 32801				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

12. I hereby certify that the information 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 additional properties. With all when like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPES OF PRINTED NAME OF SIGNING OPPICER OF DIRECTOR

3/26/08

407-422-5456

Daytime Phone s