

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M91613

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: DOWNS DEVELOPMENT CORPORATION

## Current Principal Place of Business:

2050 S PATRICK DR  
STE B  
SATELLITE BEACH, FL 32937

## New Principal Place of Business:

563 W EAU GALLIE BLVD  
MELBOURNE, FL 32935

## Current Mailing Address:

2050 S PATRICK DR  
STE B  
SATELLITE BEACH, FL 32937

## New Mailing Address:

PO BOX 361283  
MELBOURNE, FL 329361283

FEI Number: 59-2902324

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOSLEY, CURTIS ATTY.  
1221 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 32901 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: DOWNS, THOMAS M.  
Address: 2050 S PATRICK DR STE B  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D ( ) Delete  
Name: DOWNS, THOMAS M.  
Address: 2050 S PATRICK DR STE B  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: DOWNS, THOMAS M.  
Address: PO BOX 361283  
City-St-Zip: MELBOURNE, FL 329361283

Title: D (X) Change ( ) Addition  
Name: DOWNS, THOMAS M.  
Address: PO BOX 361283  
City-St-Zip: MELBOURNE, FL 329361283

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS DOWNS

PST

04/17/2009

Electronic Signature of Signing Officer or Director

Date