## ··· 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0600007827  1. Entity Name WHOLLY MEN DEVELOPMENT CORP.				- NUL 7003	-7 PH 4: 38		
Principal Place of Business 6281 BLACKFOX WAY TALLAHASSEE, FL 32312		Mailing Address 6281 BLACKFOX WAY TALLAHASSEE, FL 32312			RY OF STATE SSEE FLORIDA		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06072007 Ch	ng-NP CR2	E037 (12/06)	
City & State		City & State		4. FEI Number		<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name			
STRICKLAND, HARRISON E. 6281 BLACKFOX WAY				Street Address (P.O. Box Number is Not Acceptable)			
1	SSEE, FL 32312	Sireet Addre	ess (P.O. Box Number is in	Not Acceptable)			
			City			■∎ Zip Cod	
		<del></del>				-L	
	named entity submits this statement for ions of registered agent.	or the purpose of changing it	s registered office or reg	istered agent, or both, in	the State of Horida. 1.	am familiar with,	and accept
CIONATURE							
SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
Filing Fee is \$61.25  Due by September 14, 2007  9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees	\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
10.	OFFICERS AND DI	<del></del>	11,	ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10
TITLE NAME	D STRICKLAND, HARRISON E.	Delete	TITLE NAME	-**** a-***	s -4 s==s -4 s==s -4	Change	☐ Addition
STREET ADDRESS 6281 BLACKFOX WAY CITY-ST-ZIP TALLAHASSEE, FL 32312		STREET ADDRESS CITY-ST-ZIP		06/15/07	! <b>10442</b> 4 ?0102101	:3U≥ 7 **61.;	25
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP	,		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
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NAME			NAME			Onlings	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
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CITY-ST-ZIP			CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	partify that the information supplied with	h this filling dose not as Alie.	CITY-ST-ZIP	ined in Chapter 110. Flori	ida Statutoe I fuebos	partify that the in	formation
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 embedded and the component of t							
SIGNATURE: ON JUNE ZOTO  SIGNATURE: Date Daytime Phone #							
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