2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N07000006167

Entity Name: CFC DEVELOPMENT, INC.

Current Principal Place of Business:

10365 ST. AUGUSTINE RD.
JACKSONVILLE, FL 32257

New Principal Place of Business:

10365 OLD ST. AUGUSTINE RD.
JACKSONVILLE, FL 32257

Current Mailing Address:

10365 ST. AUGUSTINE RD.
JACKSONVILLE, FL 32257

New Mailing Address:

10365 OLD ST. AUGUSTINE RD.
JACKSONVILLE, FL 32257

FEI Number: 26-0412210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARMON, ALLEN
10365 ST. AUGUSTINE RD.
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

HARMON, ALLEN
10365 OLD ST. AUGUSTINE RD.
JACKSONVILLE, FL 32257 US

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: _____ 01/07/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DINGFIELD, DAVE
Address: 10754 SCOTT MILL RD., #6
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: HARMON, ALLEN
Address: 4349 WORTH DR. WEST
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: JONES, J. MALCOLM
Address: 3065 FRONT RD.
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN HARMON PRES 01/07/2009
Electronic Signature of Signing Officer or Director — Date