

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000012593

Entity Name: A.C.T. DEVELOPMENT, INC.

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

520 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

1560 CAPITAL CIR NW
SUITE 16
TALLAHASSEE, FL 32303

New Mailing Address:

520 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

FEI Number: 59-3638795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDDINGER, THOMAS P
520 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 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: P () Delete
Name: EDDINGER, THOMAS P
Address: 520 CRAWFORDVILLE HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP () Delete
Name: HAVELOS, HARRY
Address: C/O 520 CRAWFORDVILLE HWY.
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: THOMAS P EDDINGER

PRES

02/26/2009

Electronic Signature of Signing Officer or Director

Date