2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P00000093604

Entity Name: L. KOSAR DEVELOPMENT, INC.

Current Principal Place of Business:

6504 SYRINGA LANE
JACKSONVILLE, FL 322114056

New Principal Place of Business:

17006 SHADY PINES DR
LUTZ, FL 33548

Current Mailing Address:

6504 SYRINGA LANE
JACKSONVILLE, FL 322114056

New Mailing Address:

17006 SHADY PINES DR
LUTZ, FL 33548

FEI Number: 59-3673448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOSAR, LESTER E
6504 SYRINGA LN
JACKSONVILLE, FL 322114056 US

Name and Address of New Registered Agent:

KOSAR, LAIRD W
17006 SHADY PINES DR
LUTZ, FL 33548 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: LAIRD W KOSAR 05/01/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: KOSAR, LESTER E
Address: 6502 SYRINGA LANE
City-St-Zip: JACKSONVILLE, FL 32211

Title: VD ( ) Delete
Name: KOSAR, LAIRD W
Address: 17006 SHADY PINES DR.
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: KOSAR, LAIRD W
Address: 17006 SHADY PINES DR
City-St-Zip: LUTZ, FL 33548

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: LAIRD W KOSAR PRES 05/01/2009
Electronic Signature of Signing Officer or Director Date