


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000106333</b> 1. Entity Name <b>SIENA DEVELOPMENT, INC.</b>			
Principal Place of Business <b>427 MCKENZIE AVE. PANAMA CITY, FL 32401</b>		Mailing Address <b>427 MCKENZIE AVE. PANAMA CITY, FL 32401</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
6. Name and Address of Current Registered Agent  <b>SLOAN, TIMOTHY J 427 MCKENZIE AVE. PANAMA CITY, FL 32401</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	DVP		
NAME	SLOAN, TIMOTHY J		
STREET ADDRESS	427 MCKENZIE AVE.		
CITY-ST-ZIP	PANAMA CITY, FL 32401		
TITLE	DP		
NAME	HUNNICUT, J. MICHAEL		
STREET ADDRESS	8317 FRONT BCH RD.		
CITY-ST-ZIP	PANAMA CITY, FL 32408		
TITLE	DST		
NAME	TRUMBULL, JAY N		
STREET ADDRESS	315 E. 15TH ST.		
CITY-ST-ZIP	PANAMA CITY, FL 32405		
TITLE	D		
NAME	MASKER, JONATHAN		
STREET ADDRESS	PO BOX 18408		
CITY-ST-ZIP	PANAMA CITY, FL 32417		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>01/16/08</u> Daytime Phone #: <u>850-234-1030</u>	