2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P00000106333

Entity Name: SIENA DEVELOPMENT, INC.

Current Principal Place of Business:

427 MCKENZIE AVE.
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

427 MCKENZIE AVE.
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-3685712 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLOAN, TIMOTHY J
427 MCKENZIE AVE.
PANAMA CITY, FL 32401 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: DVP ( ) Delete
Name: SLOAN, TIMOTHY J
Address: 427 MCKENZIE AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: DP ( ) Delete
Name: HUNNICUT, J. MICHAEL
Address: 8317 FRONT BCH RD.
City-St-Zip: PANAMA CITY, FL 32408

Title: DST ( ) Delete
Name: TRUMBULL, JAY N
Address: 315 E. 15TH ST.
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: MASKER, JONATHAN
Address: PO BOX 18408
City-St-Zip: PANAMA CITY, FL 32417

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:

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: J. MICHAEL HUNNICUTT PRE 04/30/2009

Electronic Signature of Signing Officer or Director Date