

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000005953

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: TEST DEVELOPMENT, INC.

**Current Principal Place of Business:**

421 CORNWALL ROAD  
SANFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

421 CORNWALL ROAD  
SANFORD, FL 32773

**New Mailing Address:**

FEI Number: 59-3695864      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LANDIS, DAVID M ESQ.  
225 EAST ROBINSON STREET  
SUITE 600  
ORLANDO, FL 32801 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: PD ( ) Delete  
Name: THOMSON, ROGER B  
Address: 550 POP ASH COURT  
City-St-Zip: LONGWOOD, FL 32779

Title: VPD ( ) Delete  
Name: DRISCOLL, THOMAS A  
Address: 4867 DUNBARTON DRIVE  
City-St-Zip: ORLANDO, FL 32817

Title: S ( ) Delete  
Name: THOMSON, SUSAN M  
Address: 550 POP ASH CT  
City-St-Zip: LONGWOOD, FL 32779

Title: VPD ( ) Delete  
Name: WISOR, RANDOLPH W  
Address: 120 OAK LEAF LANE  
City-St-Zip: LONGWOOD, FL 32779

**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: SUSAN M THOMSON

S

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date