## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000031618

Entity Name: MCDORMAN DEVELOPMENT, INC.

FILED Jan 19, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

4566 HWY 20 E 4565 COMMERCIAL DRIVE

#204 #101

NICEVILLE, FL 32578 NICEVILLE, FL 32578

Current Mailing Address: New Mailing Address:

4566 HWY 20 E 4565 COMMERCIAL DRIVE #204 #101

#101 NICEVILLE, FL 32578

FEI Number: 59-3717206 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

MC DORMAN, DARREN K 4566 HWY 20 E #204 MC DORMAN, DARREN K 4565 COMMERCIAL DRIVE #101

NICEVILLE, FL 32578 US NICEVILLE, FL 32578 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.

NICEVILLE, FL 32578

SIGNATURE: DARREN K MCDORMAN 01/19/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD () Delete Title: VD (X) Change () Addition
Name: MCDORMAN, JOSEPH C II

Address: 4566 HWY 20 F #204

Address: 4565 COMMERCIAL DRIVE #101

Address: 4566 HWY 20 E, #204 Address: 4565 COMMERCIAL DRIVE #101

City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578

 Title:
 PTD () Delete
 Title:
 PTD (X) Change () Addition

 Name:
 MCDORMAN, DARREN K
 Name:
 MCDORMAN, DARREN K

 Address:
 4566 HWY 20 E, #204
 Address:
 4565 COMMERCIAL DRIVE #101

City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578

Title: (X) Change ( ) Addition Title: ( ) Delete MCDORMAN, MICHAEL W Name: MCDORMAN, MICHAEL W Name: 4566 HWY 20 E, #206 4565 COMMERCIAL DRIVE #101 Address Address: City-St-Zip: NICEVILLE, FL 32578 US City-St-Zip: NICEVILLE, FL 32578 US

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: DARREN K MCDORMAN PRES 01/19/2009