

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000005395**

1. Entity Name  
**FEDERAL HOME DEVELOPMENT CORPORATION**



Principal Place of Business  
**5985 SOUTH RIVER CIRCLE  
MACCLENNY, FL 32063 US**

Mailing Address  
**P. O. BOX 356  
5985 SOUTH RIVER CIRCLE  
MACCLENNY, FL 32063 US**



01102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-4232138**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CLAUDETTE, CRAWFORD  
5985 SOUTH RIVER CIRCLE  
MACCLENNY, FL 32063**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	RHODEN, HUGH BENTLEY
STREET ADDRESS	6362 LAUREL COURT
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	VP
NAME	CRAWFORD, CLAUDETTE
STREET ADDRESS	5985 SOUTH RIVER CIRCLE
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	S
NAME	CRAWFORD, CLAUDETTE
STREET ADDRESS	5985 SOUTH RIVER CIRCLE
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/15/08-80028-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

*Claudette Crawford, VP/S 10 Jan 08 904-259-3343*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #