

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000023955

Entity Name: MCCORMICK DEVELOPMENT, INC.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

909 MAR WALT DR STE 1014
C/O WILLIAM SCOTT FOSTER
FORT WALTON BEACH, FL 32547

Current Mailing Address:

909 MAR WALT DR STE 1014
C/O WILLIAM SCOTT FOSTER
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

4399 COMMONS DRIVE
SUITE 200
DESTIN, FL 32541

New Mailing Address:

4399 COMMONS DRIVE
SUITE 200
DESTIN, FL 32541

FEI Number: 02-0685999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOSTER, WILLIAM S
909 MAR WALT DR STE 1014
C/O WILLIAM SCOTT FOSTER
FORT WALTON BEACH, FL 32547 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: D () Delete
Name: MCCORMICK, MICHAEL W
Address: 1209 AIRPORT RD #5
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: MCCORMICK, ASHLEY D
Address: 1209 AIRPORT RD #5
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCCORMICK, MICHAEL W
Address: 4399 COMMONS DRIVE, SUITE 200
City-St-Zip: DESTIN, FL 32541

Title: D (X) Change () Addition
Name: MCCORMICK, ASHLEY D
Address: 4399 COMMONS DRIVE, SUITE 200
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL W. MCCORMICK

D

04/28/2005

Electronic Signature of Signing Officer or Director

Date