

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000057369

1. Entity Name
MERE DEVELOPMENT COMPANY, INC.



Principal Place of Business
**3300 S. HIAWASSEE ROAD
SUITE 106
ORLANDO, FL 32835 US**

Mailing Address
**3300 S. HIAWASSEE ROAD
SUITE 106
ORLANDO, FL 32835 US**



04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0059390	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DEAN MEAD SERVICES LLC
800 N MAGNOLA AVE STE 1500
ORLANDO, FL 32803**

**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

Christopher D'Amico

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/08

**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	D
NAME	BALLINGER, DAVID A
STREET ADDRESS	1821 BAILLIE GLASS LN
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	D
NAME	FOLAND, DALE L
STREET ADDRESS	1575 TERRACE RD NW
CITY-ST-ZIP	NEW PHILADELPHIA, OH 44663
TITLE	D
NAME	GRAY, KEVIN E
STREET ADDRESS	172 ARROWHEAD DR
CITY-ST-ZIP	GNADENHUTTEN, OH 44629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000916498
05/13/08-80003-018 150.00

**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:

DAVID A. BALLINGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. BALLINGER 4-21-08 407-295-9565

Date

Daytime Phone #