# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # P03000119813

1. Entity Name
OLD FLORIDA TRUST DEVELOPMENT COMPANY

Principal Place of Business
1261 WALES DR
FORT MYERS, FL 33901

Mailing Address
1261 WALES DR
FORT MYERS, FL 33901

66004620

02142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3108648
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JURSINSKI, KEVIN F
7800 UNIVERSITY POINTE DR STE 200
FT MYERS, FL 33907

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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

U000000887842
04/21/08-80036-014 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PT |
| NAME | SWINK, SIDNEY |
| STREET ADDRESS | 4120 SW 20 AVE |
| CITY-ST-ZIP | CAPE CORAL, FL 33914 |
| TITLE | V |
| NAME | JORDAN, CLYDE |
| STREET ADDRESS | 4120 SW 20 AVE |
| CITY-ST-ZIP | CAPE CORAL, FL 33914 |
| TITLE | V |
| NAME | JORDAN, TRUDIE |
| STREET ADDRESS | 4120 SW 20 AVE |
| CITY-ST-ZIP | CAPE CORAL, FL 33914 |
| TITLE | S |
| NAME | SWINK, SUSAN |
| STREET ADDRESS | 4120 SW 20 AVE |
| CITY-ST-ZIP | CAPE CORAL, FL 33914 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: _____ 3/15/08 239-822-6563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #