## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000151042

Name:

Address:

City-St-Zip:

THIVIERGE, MATTHEW

ALVA, FL 33920

17050 SERENGETI CIRCLE

Entity Name: SERENGETI DEVELOPMENT, INC.

FILED Apr 25, 2009 Secretary of State

Current P	rincipal Pla	ce of Business:	New Principal Place of	New Principal Place of Business:	
17050 SERENGETI CIRCLE ALVA, FL 33920			SUITE #5	12155 METRO PARKWAY SUITE #5 FORT MYERS, FL 33966	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
17050 SERENGETI CIRCLE ALVA, FL 33920			12155 METRO PARKWAY SUITE #5 FORT MYERS, FL 33966		
FEI Number	20-0693707	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
17050 SEF ALVA, FL The above in the State	named entit of Florida.	3	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI		onic Signature of Registered Ag	ent	 Date	
Election Ca		ing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	THIVIERGE,	NGETI CIRCLE	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	THIVIERGE,	NGETI CIRCLE	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title <sup>.</sup>	V	( ) Delete	Title· (	) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: VALERIE THIVIERGE DP 04/25/2009