

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P03738

1. Entity Name
WALBOYN DEVELOPMENT CORP.



Principal Place of Business
**115 FRANKLIN STREET
BANGOR, ME 04402 US**

Mailing Address
**1000 MARKET STREET
BLDG 1
PORTSMOUTH, NH 03802 US**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0400430

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000676383
03/30/07-80056-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDV WALSH, MARK T. 1001 E. ATLANTIC AVE, SUITE 202 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEEDHAM, THOMAS E. 115 FRANKLIN ST BANGOR, ME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSH, WILLIAM J. 1000 MARKET STREET BLDG 1 PORTSMOUTH, NH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALSH, MICHAEL P. 1001 E. ATLANTIC AVE, SUITE 202 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANIGAN, SUZANNE 1000 MARKET STREET BLDG 1 PORTSMOUTH, NH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WALSH, PATRICK 1000 MARKET STREET BLDG 1 PORTSMOUTH, NH

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patrick Walsh
Patrick Walsh, Secretary

1/19/07

(603)559-2100