

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Mar 05, 2007 08:00 AM  
Secretary of State

DOCUMENT # P04000067394

1. Entity Name  
NNM DEVELOPMENT CORP., INC.



Principal Place of Business

455 S. INDIANA AVE  
ENGLEWOOD, FL 34223

Mailing Address

455 S. INDIANA AVE  
ENGLEWOOD, FL 34223



02262007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
20-1047089

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, THOMAS P  
16 DOMINICA DR.  
ENGLEWOOD, FL 34223

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COLEMAN, THOMAS P
STREET ADDRESS	16 DOMINICA DR
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D
NAME	COLEMAN, WINIFRED M
STREET ADDRESS	16 DOMINICA DR.
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/13/07-80078-019 150.00

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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 #

3/1/07 941 468 7121