

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P04000092717



1. Entity Name
ARMADA DEVELOPMENT CORPORATION

Principal Place of Business

**234 LAUREL OAKS ROAD
NOKOMIS, FL 34275 US**

Mailing Address

**P.O. BOX 1424
NOKOMIS, FL 34274 US**



04052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0725128

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SARICH, JOHN R
234 LAUREL OAKS DRIVE
NOKOMIS, FL 34275**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000903254

05/06/08 00063 015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRIZZELL, WILLIAM 101 NORMANDY WAY, # M1 ROTUNDA WEST, FL 38947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SARICH, JOHN R 234 LAUREL OAKS ROAD NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SARICH, FRANCES 234 LAUREL OAKS ROAD NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08

Date

Daytime Phone #