

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000026097**

1. Entity Name  
**D T C DEVELOPMENT, INC.**



Principal Place of Business  
**7727 MCELVEY ROAD  
PANAMA CITY BEACH, FL 32408 US**

Mailing Address  
**7727 MCELVEY ROAD  
PANAMA CITY BEACH, FL 32408 US**



02062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2341108</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GILL, MARY  
7727 MCELVEY ROAD  
PANAMA CITY BEACH, FL 32408**

**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 reappointing) 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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GILL, DAN
STREET ADDRESS	7727 MCELVEY ROAD
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	VP
NAME	RAMSEY, TIMOTHY
STREET ADDRESS	1209 13TH STREET
CITY-ST-ZIP	SOUTHPORT, FL 32409
TITLE	VP
NAME	MONTGOMERY, CHRISTOPHER
STREET ADDRESS	7325 LAIRD STREET
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	SEC
NAME	GILL, MARY
STREET ADDRESS	7727 MCELVEY ROAD
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/17/08-80051-018 150.00

**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

Date

Daytime Phone #

**4-2-08 258-6603**