

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90009 043 ***150.00

DOCUMENT # P05000026724

1. Entity Name

SOUTH-CENTRAL DEVELOPMENT, INC.



Principal Place of Business

**312 SW 2ND STREET
OKEECHOBEE FL 34974
US**

Mailing Address

**312 SW 2ND STREET
OKEECHOBEE FL 34974
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **20-2357475**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALENTE, RICHARD J
324 NW 5TH STREET
324
OKEECHOBEE FL 34974**

Name

Street Address (P.O. Box Number is Not Acceptable)

583 S.E. 37th Terrace

City

Okeechobee

FL

Zip Code

34974

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

**P
VALENTE, RICHARD J
324 NW 5TH STREET, APT. 324
OKEECHOBEE FL 34974**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☒ Change ☐ Addition

**583 S.E. 37th Terrace
Okeechobee, FL 34974**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

**VST
BLAIR, TERRY D
312 SW 2ND STREET
OKEECHOBEE FL 34974**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☒ Change ☐ Addition

**679 SW 24th AVE
OKEE, FL 34974**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-07 863-634-3340

Date

Daytime Phone #