2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P05000039883 08 SEP 25 PH 2: 08 STEADFAST DEVELOPMENT, INC. LOW MARKE OF STATE LILAHASSEE, FLORIDA Principal.Place.of.Business Mailing Address 310 FAN PALM PLACE 310 FAN PALM PLACE PANAMA CITY BEACH, FL 32408 PANAMA CITY BEACH, FL 32408 2. Principal Place of Business - No P.O. Box # ailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 09242008 CR2E034 (12/06) Chg-P City & State Applied For 4. FEI Number City & State 20-2493957 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent anl NOWELL, MICHELLE L SECRETA Street Address (P.O. Box Number is Not Acceptable) 310 FAN PALM PLACE PANAMA CITY BEACH, FL 32408 City Zip Code 8. The above named e of changing in registered office or registered agent, or both, in the State of Florida. yam familiar with, and accept the obligations SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD TITLE Addition TITLE Defete NAME NOWELL BRADFORD NAME STREET ADDRESS STREET ADDRESS 310 FAN PALM PLACE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH, FL 32408 VΡ ☐ Change ☐ Addition TITLE TITLE ☐ Defete MARTIN, JUSTIN NAME NAME STREET ADDRESS 310 FAN PALM PLACE STREET ADDRESS PANAMA CITY BEACH, FL 32408 CITY-ST-ZIP CITY-ST-ZIP TITLE VΡ Detete TITLE ☐ Change ■ Addition BURCHFIELD, CHRIS NAME NAME STREET ADDRESS 310 FAN PALM PLACE STREET ADDRESS CITY-\$T-ZIP PANAMA CITY BEACH, FL 32408 CITY-ST-ZIP STD Delete TITLE ☐ Change Addition TITLE NOWELL, MICHELLE NAME STREET ADDRESS 310 FAN PALM PLACE STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL. 32408 CITY-BT-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-\$1-ZIP ☐ Change ☐ Addition TITLE Delete THUE NAME NAME STREET ADDRESS STHEET ADURESS CITY - ST - ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 of trustee empowered to execute the this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the proof of the corporation of the of the corporation or the rece changed, or on an attachmen **SIGNATURE**