

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000052795

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Entity Name:** ALBANESE DEVELOPMENT, INC.

**Current Principal Place of Business:**

4555 SIMPSON STREET  
BOX 832  
BAGDAD, FL 32530

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 832  
BAGDAD, FL 32530

**New Mailing Address:**

**FEI Number:** 20-2642456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALBANESE, CHARLES  
4555 SIMPSON STREET  
PO 832  
BAGDAD, FL 32530 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PSD  
**Name:** ALBANESE, CHARLES  
**Address:** 4555 SIMPSON STREET  
**City-St-Zip:** BAGDAD, FL 32530

**Title:** SEC  
**Name:** PURCELL, DAWN  
**Address:** 4555 SIMPSON STREET  
**City-St-Zip:** BAGDAD, FL 32530

**Title:** VP  
**Name:** MILLER, SALLY E  
**Address:** 4555 SIMPSON ST  
**City-St-Zip:** BAGDAD, FL 32530

**Title:** CEO  
**Name:** COLVIN, HEATH  
**Address:** 4555 SIMPSON ST  
**City-St-Zip:** BAGDAD, FL 32530

**Title:** VP  
**Name:** ALBANESE, THOMAS  
**Address:** 4555 SIMPSON ST  
**City-St-Zip:** BAGDAD, FL 32530

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CHARLES ALBANESE

PSD

03/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date