

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2008 08:00 A
Secretary of State

DOCUMENT # P05000072673

1. Entity Name
THE EUFAULA DEVELOPMENT CORPORATION



Principal Place of Business
3098 HOOVERS MILL RD
BONIFAY, FL 32425 US

Mailing Address
P O BOX 235
BONIFAY, FL 32425



02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-2047260

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GEORGE, GLEN D
3098 HOOVERS MILL RD
BONIFAY, FL 32425

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GEORGE, GLEN D
P O BOX 235
BONIFAY, FL 32425

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPGM
REID, BOB
30 MORENO PT RD
DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HAYES, RHONDA G
P O BOX 794
BONIFAY, FL 32425

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MEHLHORN, FRED
P O BOX 93
ARGYLE, FL 32422

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000855605
03/27/08-80056-024 150.00

**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

2-28-08
Date

(850)
547-3309
Daytime Phone #