2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000072673

Entity Name: THE EUFAULA DEVELOPMENT CORPORATION

FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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3098 HOOVERS MILL RD 967 PINEWOOD DRIVE

BONIFAY, FL 32425 DEFUNIAK SPRINGS, FL 32433 US

Current Mailing Address: New Mailing Address:

P O BOX 235 967 PINEWOOD DRIVE

BONIFAY, FL 32425 DEFUNIAK SPRINGS, FL 32433 US

FEI Number: 34-2047260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GEORGE, GLEN D SZILVASY, JOYCE A 3098 HOÓVERS MILL RD 967 PINEWOOD DRIVE

BONIFAY, FL 32425 DEFUNIAK SPRINGS, FL 32433 US

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: JOYCE A SZILVASY 01/06/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

P O BOX 93

ARGYLE, FL 32422

Title:

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

GEORGE, GLEN D REID, ROBERT Name: Name: P O BOX 235 770 HARBOR BLVD. UNIT 3-F Address: Address:

City-St-Zip: BONIFAY, FL 32425 US City-St-Zip: DESTIN, FL 32541 US

Title: **VPGM** Title: VΡ () Delete (X) Change () Addition Name:

REID, BOB Name: HURST, PATRICK 30 MORENO PT RD P.O. BOX 231 Address: Address:

DESTIN, FL 32541 US PONCE DE LEON, FL 32455 US City-St-Zip: City-St-Zip:

(X) Change () Addition HAYES, RHONDA G SZILVASY, JOYCE A Name: Name:

P O BOX 794 967 PINEWOOD DRIVE Address: Address:

City-St-Zip: BONIFAY, FL 32425 US City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: (X) Delete Title: () Change () Addition MEHLHORN, FRED

Name: Address: City-St-Zip:

Title:

S/T

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOYCE A SZILVASY S/T 01/06/2009