

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000107078

1. Entity Name
WARLA DEVELOPMENT CORP.



Principal Place of Business
127 REEDY CREEK DR.
FROSTPROOF, FL 33843 US

Mailing Address
127 REEDY CREEK DR.
FROSTPROOF, FL 33843 US

FILED

07 JUN 15 AM 8:32

CLERK OF STATE
TALLAHASSEE, FLORIDA



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3238165

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BENNETT, KARLA R
127 REEDY CREEK DR.
FROSTPROOF, FL 33843

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

7010102356567
07-01074-001 **3972..50

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENNETT, DOUGLAS W 127 REEDY CREEK DR FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENNETT, KARLA R 127 REEDY CREEK DR FROSTPROOF, FL 33843
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**DO NOT WRITE
IN THIS SPACE**

26/18

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:

Karla Renee Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-07 863 4520101
Date Daytime Phone #