2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2009
Secretary of State

DOCUMENT# P05000141449

Entity Name: ROZIER DEVELOPMENT, INC.

Current Principal Place of Business:

1710 NW 7TH AVE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

1008 SE PRINEVILLE STREET
PORT ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: 20-4109240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, CHRISTOPHER
1710 NW 7TH AVE
POMPANO BEACH, FL 33060 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GILES-SMITH, LADESORAE
Address: 1740 NW 3RD CT
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D ( ) Delete
Name: GRAHAM, ANGELA D
Address: 1710 NW 7TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete
Name: GRAY, DARION
Address: 120 NW 19TH STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete
Name: COLEMAN, TEDERRA
Address: 1710 NW 7TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete
Name: ROZIER, ANTOINE
Address: 1008 SE PRINEVILLE STREET
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D ( ) Delete
Name: ROZIER, ILIATHA M
Address: 4574 NORTHWEST 17TH AVENUE
City-St-Zip: TAMARAC, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: A. GRAHAM TREA 07/17/2009

Electronic Signature of Signing Officer or Director Date