


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000087206</b>	
1. Entity Name <b>POOB DEVELOPMENT COMPANY</b>	

Principal Place of Business <b>131-B BUSINESS CENTER DRIVE SUITE # 11 ORMOND BEACH, FL 32174 US</b>	Mailing Address <b>P.O. BOX 1626 ORMOND BEACH, FL 32175 US</b>
--	---

**DO NOT WRITE IN THIS SPACE**

	
03252008 No Chg-P	CR2E034 (11/05)
4. FEI Number <b>20-5120276</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>TUMBLESON, J DOYLE 150 SOUTH PALMETTO AVENUE SUITE A DAYTONA BEACH, FL 32114</b>
--

**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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000087206</b> <b>04/10/08-80094-009 150.00</b>
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P,D BLEDSON, RONNIE 131-B BUSINESS CENTER DRIVE, SUITE #11 ORMOND BEACH, FL 32174</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD MYNCHENBERG, PARKER K 1729 RIDGEWOOD AVENUE HOLLY HILL, FL 32117</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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.

<b>SIGNATURE:</b> 	<b>JAMES RONNIE BLEDSON</b>	<b>03/26/08</b>	<b>386-676-1501</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>