


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90084 041 ***158.75

DOCUMENT # P06000153846

1. Entity Name
COURTNEY BEND DEVELOPMENT, INC.



Principal Place of Business 100 COLONIAL CENTER PWKY STE 470 LAKE MARY, FL 32746	Mailing Address 100 COLONIAL CENTER PWKY STE 470 LAKE MARY, FL 32746
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO
 300 S ORANGE AVE
 STE 1000 (DTO)
 ORLANDO, FL 32801-5403

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	<i>Pres</i>	<input type="checkbox"/> Delete
NAME	<i>Ogier, Gerald D</i>	
STREET ADDRESS	<i>100 Colonial Center Pkwy # 470</i>	
CITY-ST-ZIP	<i>Lake Mary, FL 32746</i>	
TITLE	<i>VP</i>	<input type="checkbox"/> Delete
NAME	<i>Schaffer, John A</i>	
STREET ADDRESS	<i>(Same)</i>	
CITY-ST-ZIP		
TITLE	<i>VP</i>	<input type="checkbox"/> Delete
NAME	<i>Ogier, Mark C</i>	
STREET ADDRESS	<i>(Same)</i>	
CITY-ST-ZIP		
TITLE	<i>VP</i>	<input type="checkbox"/> Delete
NAME	<i>Ogier, Steven D</i>	
STREET ADDRESS	<i>(Same)</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *John A Schaffer* **3/7/07** **(407) 333-0066**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40046784



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4. FEI Number **20-8144556** Applied For Not Applicable

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