

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000116962

FILED
Mar 29, 2009
Secretary of State

Entity Name: SOUTHAMPTON DEVELOPMENT CORP.

Current Principal Place of Business:

5851 N.W. 165TH STREET
TRENTON, FL 32693

New Principal Place of Business:

6480 SW 122ND STREET
C/O BILL & MARILYN DEAS
GAINESVILLE, FL 32608

Current Mailing Address:

PO BOX 186
TRENTON, FL 32693

New Mailing Address:

6480 SW 122ND STREET
C/O BILL & MARILYN DEAS
GAINESVILLE, FL 32608

FEI Number: 26-1324536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAUSSEN, DAVID
5851 N.W. 165TH STREET
TRENTON, FL 32693 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CLAUSSEN, DAVID
Address: 5851 N.W. 165TH STREET
City-St-Zip: TRENTON, FL 32693

Title: DIR () Delete
Name: DEAS, WILLIAM B
Address: 6480 SW 122ND ST
City-St-Zip: GAINESVILLE, FL 32608

Title: DIR () Delete
Name: DEAS, MARILYN M
Address: 6480 SW 122ND ST
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CLAUSSEN, DAVID P
Address: 5851 N.W. 165TH STREET
City-St-Zip: TRENTON, FL 32693

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: DAVID P CLAUSSEN

PRES

03/29/2009

Electronic Signature of Signing Officer or Director

Date