

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000021712

FILED
Apr 27, 2009
Secretary of State

Entity Name: CONCEPT DEVELOPMENT, INC.

Current Principal Place of Business:

2109 WEST US HWY 90
LAKE CITY, FL 32055

New Principal Place of Business:

295 NW COMMONS LOOP
115-391
LAKE CITY, FL 32055

Current Mailing Address:

2109 WEST US HWY 90
LAKE CITY, FL 32055

New Mailing Address:

295 NW COMMONS LOOP
115-391
LAKE CITY, FL 32055

FEI Number: 26-3919373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFOED, BRIAN S
2109 WEST US HWY 90
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

CRAWFORD, BRIAN S
295 NW COMMONS LOOP STE 115-391
LAKE CITY, FL 32055 US

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: BRIAN CRAWFORD

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CRAWFORD, BRIAN S
Address: 2109 WEST US HWY 90
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CRAWFORD, BRIAN S
Address: 295 NW COMMONS LOOP STE 115-391
City-St-Zip: LAKE CITY, FL 32055

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: BRIAN CRAWFORD

OW

04/27/2009

Electronic Signature of Signing Officer or Director

Date