

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000038144

FILED  
Aug 24, 2009  
Secretary of State

Entity Name: WILLIE, DAVID, THOMAS, PAULINE DEVELOPER'S INC

## Current Principal Place of Business:

841 W. 11 STREET  
ST. AUGUSTINE, FL 32084

## New Principal Place of Business:

## Current Mailing Address:

841 W. 11 STREET  
ST. AUGUSTINE, FL 32084

## New Mailing Address:

FEI Number: 26-2454585

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COOPER, WILLIE  
841 W. 11 STREET  
ST. AUGUSTINE, FL 32084 US

## Name and Address of New Registered Agent:

COOPER, WILLIE P  
841 W. 11 STREET  
ST. AUGUSTINE, FL 32084 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: WILLIE COOPER

08/24/2009

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: P ( ) Delete  
Name: COOPER, WILLIE  
Address: 841 W. 11 STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D ( ) Delete  
Name: POLLY, DAVID  
Address: 841 W. 11 STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S ( ) Delete  
Name: GARDEN, PAULINE F.  
Address: 841 W. 11 STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: T ( ) Delete  
Name: GARDEN, THOMAS  
Address: 841 W. 11 STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

## 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:

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: WILLIE COOPER

P

08/24/2009

Electronic Signature of Signing Officer or Director

Date