2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# P08000067728

Entity Name: MAYPORT DEVELOPMENT PARTNERS, INC.

Current Principal Place of Business:

8520 BAYMEADOWS RD
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

% DAVID A. KING, ATTY
1416 KINGSLEY AVE
ORANGE PARK, FL 32073 US

New Mailing Address:

% DAVID A. KING, ATTORNEY
1416 KINGSLEY AVE
ORANGE PARK, FL 32073 US

FEI Number: 26-3040858 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PARAG, JAYESH
8520 BAYMEADOWS RD
JACKSONVILLE, FL 32256 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: PD ( ) Delete
Name: PARAG, JAYESH
Address: 8520 BAYMEADOWS RD
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VPSD ( ) Delete
Name: PATEL, ASHISH
Address: 8520 BAYMEADOWS RD
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D ( ) Delete
Name: PATEL, AJIT
Address: 8520 BAYMEADOWS RD
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D ( ) Delete
Name: PATEL, NILESH K
Address: 8520 BAYMEADOWS RD
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D ( ) Delete
Name: PATEL, SUBODH
Address: 8520 BAYMEADOWS RD
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D ( ) Delete
Name: GOVIND, SHIRISH
Address: 8520 BAYMEADOWS RD
City-St-Zip: JACKSONVILLE, FL 32256 US

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:

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: JAYESH PARAG P 02/25/2009
Electronic Signature of Signing Officer or Director Date