

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16599

FILED
Apr 15, 2009
Secretary of State

Entity Name: KY DEVELOPMENT COMPANY OF FLORIDA, INC.

Current Principal Place of Business:

245 BARCLAY CIRCLE
SUITE 1000
ROCHESTER HILLS, MI 483074572

New Principal Place of Business:

Current Mailing Address:

245 BARCLAY CIRCLE
SUITE 1000
ROCHESTER HILLS, MI 483074572

New Mailing Address:

FEI Number: 38-2750692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, RODGER D.
3920 N A1A
SUITE 401
FORT PIERCE, FL 34949 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: KING, THOMAS E.
Address: 245 BARCLAY CIR S-1000
City-St-Zip: ROCHESTER, MI 48307

Title: VPT () Delete
Name: YOUNG, RODGER D.
Address: 3920 N A-1-A STE 901
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: YOUNG, RODGER D.
Address: 3920 N A-1-A STE 901
City-St-Zip: FORT PIERCE, FL 34949

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:

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: THOMAS E. KING

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date