

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000087913**

1. Entity Name  
**PIER A DEVELOPMENT CORP.**



Principal Place of Business  
**245 FRONT ST  
KEY WEST, FL 33040 US**

Mailing Address  
**1000 MARKET ST  
BLDG 1  
PORTSMOUTH, NH 03801 US**



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0478838**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION INFORMATION SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000014780

05/08/08-80083-020-150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **WALSH, MARK**  
STREET ADDRESS **1001 E. ATLANTIC AVE, SUITE 202**  
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **VT**  
NAME **WALSH, MICHAEL**  
STREET ADDRESS **1001 E. ATLANTIC AVE, SUITE 202**  
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **V**  
NAME **WALSH, WILLIAM**  
STREET ADDRESS **1000 MARKET ST BLDG 1**  
CITY-ST-ZIP **PORTSMOUTH, NH 03801**

TITLE **V**  
NAME **MCMURRAIN, THOMAS T**  
STREET ADDRESS **1001 E. ATLANTIC AVE, SUITE 202**  
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **S**  
NAME **CRITCHFIELD, RICHARD H**  
STREET ADDRESS **1001 E. ATLANTIC AVE, SUITE 202**  
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William Walsh*

*1/30/08*

Date

*(603) 559-200*

Daytime Phone #