

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000023719

1. Entity Name
TANNEX DEVELOPMENT CORP.



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

Mailing Address
**1000 MARKET STREET
BLDG 1
PORTSMOUTH, NH 03802 US**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0478833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CRITCHFIELD, RICHARD H
1001 E ATLANTIC AVE STE 201
DELRAY BEACH, FL 33483**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**000000676389
03/30/07-80056-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALSH, MARK 1001 E. ATLANTIC AVE, SUITE 202 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WALSH, MICHAEL 1001 E. ATLANTIC AVE, SUITE 202 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALSH, WILLIAM 1000 MARKET STREET BLDG 1 PORTSMOUTH, NH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMURRAIN, THOMAS T 1001 E. ATLANTIC AVE, SUITE 202 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRITCHFIELD, RICHARD H 1001 E. ATLANTIC AVE, SUITE 202 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADE, RICARDO C 1000 MARKET STREET BLDG 1 PORTSMOUTH, NH

**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 on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard C. Adee, Executive President

1/19/07

Date

Daytime