

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 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



01212008 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 ☐

**\$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

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

(NOTE: Registered Agent signature required when reinstating)

00000091543

**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

05/08/08-80081-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WALSH, MARK
STREET ADDRESS	1001 E. ATLANTIC AVE, SUITE 202
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	VT
NAME	WALSH, MICHAEL
STREET ADDRESS	1001 E. ATLANTIC AVE, SUITE 202
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	V
NAME	WALSH, WILLIAM
STREET ADDRESS	1000 MARKET STREET BLDG 1
CITY-ST-ZIP	PORTSMOUTH, NH
TITLE	V
NAME	MCMURRAIN, THOMAS T
STREET ADDRESS	1001 E. ATLANTIC AVE, SUITE 202
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	S
NAME	CRITCHFIELD, RICHARD H
STREET ADDRESS	1001 E. ATLANTIC AVE, SUITE 202
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	V
NAME	ADE, RICAHRD C
STREET ADDRESS	1000 MARKET STREET BLDG 1
CITY-ST-ZIP	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 indicated 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 or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 119, 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:**

EXECUTIVE VICE PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/08 (603) 559-2150