

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90031 028 \*\*\*150.00

<b>DOCUMENT # P94000062971</b>					
<b>1. Entity Name</b> DEVELOPMENT CORPORATION OF SOUTH FLORIDA, INC.					
<b>Principal Place of Business</b> 331 CAPE CORLA PKWY W UNIT C CAPE CORAL, FL 33914 US			<b>Mailing Address</b> 331 CAPE CORAL PKWY W. UNIT C CAPE CORAL, FL 33914 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 331 Cape Coral Pkwy W		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. Ste C		Suite, Apt. #, etc.			
City & State Cape Coral FL		City & State		<b>4. FEI Number</b> 65-0564922	
Zip 33914		Country US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ROBERT SNOW 331 CAPE CORAL PKWY W. UNIT C CAPE CORAL, FL 33914			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNOW, ROBERT A		NAME		
STREET ADDRESS	331 CAP CORAL PKWY W		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	DV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSON, ROBERT V		NAME		
STREET ADDRESS	331 CAPE CORAL PKWY W		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSON, KATHLEEN M		NAME		
STREET ADDRESS	331 CAPE CORAL PKWY W		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

**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 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:**

*Kathleen M. Peterson 2/11/2008 239-542-9271*