2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P95000006289

Entity Name: DIVERSIFIED DEVELOPMENT CORPORATION

Current Principal Place of Business:

114 BARNACLE PLACE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

P O BOX 560676
ROCKLEDGE, FL 32956 US

New Mailing Address:

FEI Number: 59-3293623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHANDLER, JOHN T
112 BARNACLE PLACE
ROCKLEDGE, FL 32955 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:	CHANDLER, JOHN T	
Address:	112 BARNACLE PLACE	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	VD	( ) Delete
Name:	ANDERSON-CHANDLER, URSULA K	
Address:	112 BARNACLE PLACE	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	S	( ) Delete
Name:	LYNCH, LINDA C	
Address:	976 HUNT ST NW	
City-St-Zip:	PALM BAY, FL 32907	
Title:	D	(X) Delete
Name:	TAGGART, JOHN L D	
Address:	255 CONCHO DRIVE	
City-St-Zip:	SEDONA, AZ 86351	
Title:	D	(X) Delete
Name:	CLAVELLI, LORETTO J	
Address:	P.O. BOX 1219 N/A	
City-St-Zip:	ROCKVILLE, MD 20849	
Title:	D	( ) Delete
Name:	SWERBILOW, HOWARD M	
Address:	116 BARNACLE PLACE	
City-St-Zip:	ROCKLEDGE, FL 32955	

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:	
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: LINDA LYNCH S 03/24/2009

Electronic Signature of Signing Officer or Director Date