## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 06, 2008 08:00 Al Secretary of State

ANNUAL REPORT				Secretary of S			
DOCUMENT # P95000097381						Secretai	ry or S
TOUCHSTONE DEVELOPMENT OF NAF		APLES, INC.		)			
Principal Place	e of Business	Mailing Address		7			
8551 VIA RA		8551 VIA RAPALLO					
ESTERO, FL	33928	ESTERO, FL 33928					
•							
DO NOT WRITE IN THIS SPACE			CE	01232008	No Chg-P	CR2E034 (11/0	
U	O NOI WALLE	ĢL	4. FEI Numb		-	Applied For Not Applicable	
						<b>\$8.75</b>	Additional
				5. Certificate	of Status Desired	Fee Requ	
	6. Name and Address of Current Re	gistered Agent		ι			
	MO, KATHLEEN C IAMI TRAIL N #204		DO	NOT W	RITE		
NAPLES, FL 34103				IN '	THIS SP	ACE	
	named entity submits this statement for the	e purpose of changing its register	ed office or registe	ered agent, or bo	oth, in the State of Flo	rida. I am familiar w	ith, and accept
SIGNATURE_	1		₹10,	<u> </u>	, ,	٠,	· · · · · · · · · · · · · · · · · · ·
	Signature, typed or printed name of registered agent and	title if applicable - (NOTE: Register	ed Agent signature requir	ed when reinstating)	-	DATE -	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution.				5.00 May Be Ided to Fees			
10. OFFICERS AND DIRECTORS							,
TITLE	PD			•	• •	1	
NAME STREET ADDRESS	WALLACE, JAMES 8551 VIA RAPALLO					, , , , , , , , , , , , , , , , , , ,	
CITY-ST-ZIP	ESTERO, FL 33928				Hanna	1818211	
TITLE					02/15/08-	80032-026	150.00
NAME							
STREET ADDRESS CITY-ST-ZIP							
TITLE			-				
NAME							
STREET ADDRESS				DO	<b>NOT W</b>	RITE	
CITY+ST-ZIP			-		<del>-</del>		
TITLE NAME				IN	THIS SF	ACE	
STREET ADORESS							
CITY-ST-ZIP				e t	,		
TITLE				•			•
NAME STREET ADDRESS					•		

12. I hereby certify that the information expelled 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 of 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** 

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JA20042431, 2008 (289)948-292