

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90318 047 ***150.00

DOCUMENT # P96000031380 1. Entity Name FACILITY DEVELOPMENT CORPORATION					
Principal Place of Business ONE ENTERPRISE WEST SANDERSON, FL 32087 US			Mailing Address 14925 STURBNER AIRLINE ROAD STE 307 HOUSTON, TX 77069 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58 28-2287668	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, BARRY I 14925 STURBNER AIRLINE ROAD STE 307 HOUSTON, TX 77069	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TIDHOLM, DAVID 14925 STURBNER AIRLINE ROAD STE 307 HOUSTON, TX 770694200	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, SHARYN 14925 STURBNER AIRLINE ROAD STE 307 HOUSTON, TX 770694200	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Barry Ian King</i> Barry Ian King 3/7/5 281-880-5406 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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