2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000031380

1. Entity Name
FACILITY DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
ONE ENTERPRISE WEST SANDERSON, FL 32087 US	14925 STUEBNER AIRLINE ROAD STE 307 HOUSTON, TX 77069 US

01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2287668
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KING, BARRY I
STREET ADDRESS	14925 STUEBNER AIRLINE ROAD
CITY-ST-ZIP	HOUSTON, TX 77069
TITLE	VD
NAME	TIDHOLM, DAVID
STREET ADDRESS	14925 STUEBNER AIRLINE ROAD
CITY-ST-ZIP	HOUSTON, TX 770694200
TITLE	TD
NAME	KING, SHARYN
STREET ADDRESS	14925 STUEBNER AIRLINE ROAD
CITY-ST-ZIP	HOUSTON, TX 770694200
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Barry Ian King BARRY IAN KING 1/5/07 281-880-5406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #