

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000031380	
1. Entity Name FACILITY DEVELOPMENT CORPORATION	

Principal Place of Business ONE ENTERPRISE WEST SANDERSON, FL 32087 US	Mailing Address 14925 STUEBNER AIRLINE ROAD STE 307 HOUSTON, TX 77069 US
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2287668	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

DO NOT WRITE
IN THIS SPACE

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, BARRY I 14925 STUEBNER AIRLINE ROAD HOUSTON, TX 77069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TIDHOLM, DAVID 14925 STUEBNER AIRLINE ROAD HOUSTON, TX 770694200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, SHARYN 14925 STUEBNER AIRLINE ROAD HOUSTON, TX 770694200
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02/12/08-80002-019 150.00

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 1/28/8 281-880-5406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #