## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000061429

Entity Name: CALERA DEVELOPMENT, INC.

FILED Apr 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 850 EVEREE INN RD GRIFFIN, GA 30224 **Current Mailing Address: New Mailing Address:** P.O. BOX 99 GRIFFIN, GA 30224 FEI Number: 59-3393562 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAWHORN, GERALD BIST, MICHAEL P 42 RIVER ROAD 1300 THOMASWOOD DRIVE PANACEA, FL 32346 US TALLAHASSEE, FL 32308 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: MICHAEL P BIST 04/16/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete Title: () Change () Addition LAWHORN, GERALD Name: Name: 42 RIVER ROAD Address: Address: City-St-Zip: PANACEA, FL 32346 City-St-Zip: Title: CFO Title: () Change () Addition () Delete Name: POPE, CARY O Name: PO BOX 99 Address: Address: GRIFFIN, GA 30224 City-St-Zip: 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: CARY O POPE **CFO** 04/16/2009