


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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| DOCUMENT # P96000062680 |  |
| 1. Entity Name VALLEY DEVELOPMENT CORPORATION, INC. | |

FILED

05 MAY -5 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|---|---|
| Principal Place of Business 255 YACHT CLUB DR FT WALTON BEACH, FL 32548 | Mailing Address 255 YACHT CLUB DR FT WALTON BEACH, FL 32548 |
|---|---|



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

12022004 Chg-P CR2E034 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-3396177 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

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| 6. Name and Address of Current Registered Agent WALKER, WINSTON G 255 YACHT CLUB DR FT WALTON BEACH, FL 32548 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

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 | D SHEPHEARD, GERTRUDE T PO BOX 1107 DEFUNIAK SPRINGS, FL 32435 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 900054518459 05/13/05--01052--018 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NICHOLSON, WILLIAM F 24 WALTER MARTIN RD NE FORT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST WALKER, WINSTON G 255 YACHT CLUB DR FT WALTON BEACH, FL 32549 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Christine E. Wood(D) <input type="checkbox"/> Change <input type="checkbox"/> Addition 206 Baker Ave. NW Fort Walton Beach, FL 32548 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HORACE, SHEPHEARD PO BOX 1107 DEFUNIAK SPRINGS, FL 32435 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition J.T. Murphy 26 Eglin Parkway SE Fort Walton Beach, FL 32548 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Winston G. Walker WINSTON G. WALKER 4-27-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #