

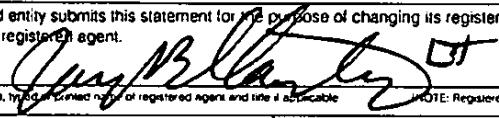
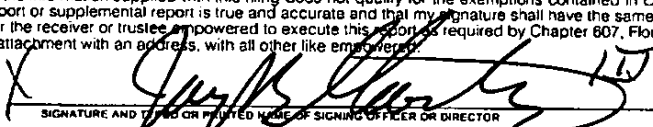


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

04-30-2008 90154 044 ***150.00

DOCUMENT # P96000089804		
1. Entity Name LONGLEAF DEVELOPMENT COMPANY		
Principal Place of Business 12959 SR 54 ODESSA, FL 32556 US		Mailing Address 12959 SR 54 ODESSA, FL 33556 US
DO NOT WRITE IN THIS SPACE		
		66012720 
		01092008 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3466977		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		
STARKEY, JAY B III 12959 SR 54 ODESSA, FL 33556		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  DATE _____ <small>Signature, typed, or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STARKEY, JAY B III 12959 SR 54 ODESSA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS STARKEY, FRANK S 12959 SR 54 ODESSA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 employees.		
SIGNATURE:  DATE _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		