## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P97000053639

1. Entity Name

DEVELOPMENT COMPANY OF GOLDEN GATE, INC.



FILED Jan 23, 2008 08:00 AN Secretary of State

Principal Place of Business

600 EAGLE WATCH LANE OSPREY, FL 34229

SIGNATURE

Mailing Address

2701 TROY CENTER DR

TROY, MI 48084



## DO NOT WRITE IN THIS SPACE

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-0829542 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELANO, G KRISTIN STONE BIBER O'TOOLE & DELANO, P.L. 360 CENTRAL AVENUE, STE 1320 SAINT PETERSBURG, FL 33701

## 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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |  |  |                             |  |
|  |  |  | <u> </u>                    | <u> </u>   |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.   |  |  | \$5.00 May Be Added to Fees | 01/23/03-80091-004 150:00  |
| 10   | OFFICERS AND DIREC   | CTORS  |                             |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PTD<br>BIBER, MICHAEL J<br>2701 TROY CENTER DR. #400<br>TROY, MI 48084   |  |                             |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | VS<br>FOWLER, JOHN F<br>2701 TROY CENTER DR. #400<br>TROY, MI 48084  |  |                             |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  | DC                          | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  | . IN                        | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  | ٠.                          |  |
| NAME<br>STREET ADDRESS<br>CITY-SI-ZIP  | A Company of the Comp | n de la companya de l |                             | Or the second of |
| 12. I heroby 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 attackment with an address, with all offer like empowered. |  |  |                             |  |

VOHN R. FOW LUXE