### 2008 FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT # P97000058515

1. Entity Name

NDC DEVELOPMENT COMPANY



FILED
Jan 10, 2008 08:00 AM
Secretary of State

Principal Place of Business

1001 3RD AVENUE WEST

SUITE 600 BRADENTON, FL 34205 Mailing Address

1001 3RD AVENUE WEST Suite 600

BRADENTON, FL 34205



 $\Box$ 

#### DO NOT WRITE IN THIS SPACE

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0765235 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

BLALOCK,WALTERS,HELD & JOHNSON, P.A 802 11TH ST WEST BRADENTON, FL 34205

## DO NOT WRITE IN THIS SPACE

	The above named entity submits this statement for the p the obligations of registered agent.	ourpose of changir	ng its registered office or	registered agent, or bo	oth, in the State of Florida.	I am familiar with, and	accept
SIGNATURE							
	Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)			DATE	
				-			

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

10.

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

> U00000777944 01/10/08-80028-010 150.00

DPST TITLE ALLEN, RONALD J STREET ADDRESS 1001 3RD AVENUE WEST, SUITE 600 CITY-ST-ZIP BRADENTON, FL 34205 NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

OFFICERS AND DIRECTORS

# DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

- Allen

1-7-18

941-147-1862

Date

Daytime Phone #