

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90017 046 \*\*\*150.00

**DOCUMENT # P97000085017**

1. Entity Name  
**THE FRENCH DEVELOPMENT, INC.**



Principal Place of Business  
**165-C BROOKS STREET SE  
FORT WALTON BEACH, FL 32548**

Mailing Address  
**165-C BROOKS STREET SE  
FORT WALTON BEACH, FL 32548**

30010300



02052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3479229**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MITCHELL, EARL S  
165-C BROOKS STREET SE  
FT. WALTON BEACH, FL 32548**

**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)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MYERS, SUSAN S
STREET ADDRESS	165-C BROOKS STREET SE
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
TITLE	V
NAME	MITCHELL, EARL S
STREET ADDRESS	300 BROOKS STREET SE 165-C Brooks St. SE
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
TITLE	S
NAME	FLEET, H. BART
STREET ADDRESS	1201 EGLIN PARKWAY
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**

*Susan S. Myers* Susan S. Myers

2/14/05

850-664-5666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #