


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90169 039 ***150.00

DOCUMENT # P97000092809	
1. Entity Name SCHOONER DEVELOPMENT COMPANY	

Principal Place of Business 4117 ALPINE WAY TALLAHASSEE, FL 32303	Mailing Address 4117 ALPINE WAY TALLAHASSEE, FL 32303
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2. Principal Place of Business 2708 LUCERNE DRIVE	3. Mailing Address 2708 LUCERNE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TALLAHASSEE, FLORIDA	City & State TALLAHASSEE, FLORIDA
Zip 32303	Country LEON
Zip 32303	Country LEON



04182006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3475859		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LOVINGOOD, SANFORD B 4117 ALPINE WAY TALLAHASSEE, FL 32303		
7. Name and Address of New Registered Agent Name LOVINGOOD, SANFORD B Street Address (P.O. Box Number is Not Acceptable) 2708 LUCERNE DRIVE City TALLAHASSEE FL Zip Code 32303		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVINGOOD, SANFORD B 4117 ALPINE WAY TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOVINGOOD, SANFORD B 2708 LUCERNE DRIVE TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYFIELD, EMORY L 4223 CAPITAL CIR N.W. TALLAHASSEE, FL 32303 <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	D FISH, KENNETH G 720-E CAPITAL CIR. N.E. TALLAHASSEE, FL 32301 <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
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 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: Sanford Lovingood **SANFORD LOVINGOOD** 4-18-06 850-644-2780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #