2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000007611

1. Entity Name
C & L DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
3 W GARDEN ST SUITE 318 PENSACOLA, FL 32502 US	P.O. BOX 988 PENSACOLA, FL 32591 US

DO NOT WRITE IN THIS SPACE

04302007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3539347	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KAHN, LOUIS I
3 W GARDEN ST
SUITE 318
PENSACOLA, FL 32502

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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, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	H00000754049 05/22/07-80046-007 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	KAHN, LOUIS I
STREET ADDRESS	3 W GARDEN ST STE 318
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	D
NAME	PARKER, CAROL K
STREET ADDRESS	3 W GARDEN ST STE 318
CITY-ST-ZIP	PENSACOLA, FL 32502
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	
CITY-ST-ZIP	

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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: _Louis I. Kahn_   4/30/07   850 432 2357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #