

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000011355

FILED
Mar 25, 2009
Secretary of State

Entity Name: S & L DEVELOPMENT COMPANY OF NAVARRE, INC.

Current Principal Place of Business:

8172 NAVARRE PARKWAY
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

8172 NAVARRE PARKWAY
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 59-3498904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPEAR, CARL H.
8172 NAVARRE PKWY
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: LOPER, SHARON J
Address: 8172 NAVARRE PKWY
City-St-Zip: NAVARRE, FL 32566

Title: P () Delete
Name: SPEAR, CARL H
Address: 8158 NAVARRE PKWY
City-St-Zip: NAVARRE, FL 32566

Title: V () Delete
Name: SPEAR, NADJA
Address: 8158 NAVARRE PKWY
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: LOPER, SHARON J
Address: 8172 NAVARRE PKWY
City-St-Zip: NAVARRE, FL 32566

Title: PD (X) Change () Addition
Name: SPEAR, CARL H
Address: 8158 NAVARRE PKWY
City-St-Zip: NAVARRE, FL 32566

Title: VD (X) Change () Addition
Name: SPEAR, NADJA
Address: 8158 NAVARRE PKWY
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON J. LOPER

STD

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date