## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000054803

Entity Name: MICHAEL MABIRE DEVELOPMENT, INC.

FILED May 01, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

205 E. INTENDENLIA ST. 1061 WINDCHIME WAY PENSACOLA, FL 32501 PENSACOLA, FL 32503

**Current Mailing Address: New Mailing Address:** 

PO BOX 30664 PENSACOLA, FL 32503

FEI Number: 59-3589745 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MICHAEL E. MABIRE MICHAEL E. MABIRE 205 E. INTENDENCIA ST. 1061 WINDCHIME WAY. US US PENSACOLA, FL 32501 PENSACOLA, FL 32503

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: MICHAEL E. MABIRE 05/01/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete () Change () Addition Title:

MABIRE, MICHAEL E Name: Name: PO BOX 30664 Address: Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip:

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: MICHAEL E. MABIRE **PRES** 05/01/2008