

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000106279

1. Entity Name
PLL DEVELOPMENT, INC.



Principal Place of Business
1400 GULFSHORE BOULEVARD NORTH
SUITE 178
NAPLES, FL 34102

Mailing Address
1400 GULFSHORE BOULEVARD NORTH
SUITE 178
NAPLES, FL 34102



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 59-3616857 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SEXTON, DAVID N
C/O BOND, SCHOENECK, ET. AL.
4001 TAMiami TRAIL NORTH #404
NAPLES, FL 34103

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000832844
02/27/08-80074-018 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV SEXTON, DAVID N 4001 TAMiami TRAIL N., SUITE 404 NAPLES, FL 34103 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDC LOVE, PENELOPE L 1400 GULFSHORE BOULEVARD NORTH, SUITE 178 NAPLES, FL 34102 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD CLARK, STEVEN E 700 11TH STREET S., PH3 NAPLES, FL 34102 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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 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: Steven E. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-08 (239) 261-8022
Date Daytime Phone #