## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S21561

City-St-Zip: PANAMA CITY, FL 32401

FEDERATED DEVELOPMENT CORP

FILED Jul 07, 2009 Secretary of State

Entity Name: FEDERATED DEVELOPMENT CORP.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
460 HARRISON AVE. PANAMA CITY, FL 32401				604 BUNKERS COVE PANAMA CITY, FL 32401	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
460 HARRISON AVE. PANAMA CITY, FL 32401				604 BUNKERS COVE PANAMA CITY, FL 32401	
FEI Number:	59-3052933	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
FAIRCLOTH, DIANE 460 HARRISON AVE PANAMA CITY, FL 32401 US				FAIRCLOTH, DIANE 604 BUNKERS COVE PANAMA CITY, FL 32401 US	
The above in the State		ubmits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				07/07/2009	
Electronic Signature of Registered Agent			nt	Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () LEWIS, CRYST/ 1405 DUNNETT LYNN HAVEN, F	ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () LEWIS, PATRIC 1407 DUNNETT LYNN HAVEN, F	ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	S () FAIRCLOTH, DIA 604 BUNKERS (		Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: DIANE FAIRCLOTH S 07/07/2009