2008 FOR PROFIT CORPORATION

FILED 0 AMate

ANNUAL REPORT					Jan 14, 2008 08:00			
1. Entity Nam	MENT # S49783 EVELOPERS, INC.				S	ecretar	y of Sta	
Principal Plac 745 S W 91S OCALA, FL 3	ST PLACE	Mailing Address 106 NE 14TH AVENUE OCALA, FL 34470				DARI ADDI DIRIK DARI DA	1 /1 1/2 /1/2 / 2/1/3/1/1/3/1/3/	
D	O NOT WRITE	CE	01102008 4. FEI Numb 59-307		CR2E034 (11/	Applied For Not Applicable		
745 S W 9 OCALA, FI			IN 7	NOT WI	ACE			
	named entity submits this statement for thins of registered agent Signature, typed or printed name of registered agent and			istered agent, or bo	th, in the State of Flor	ida. I am familiar	with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution				\$5.00 May Be Added to Fees	U00000 01/15/08-	782330 80070-008	15000	
10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D WOODS, RICHARD E 745 SW 91ST PLACE OCALA, FL 34474 D FLOYD, MARIAN A 1475 DODD ROAD WINTER PARK, FL 32789	RECTORS			NOT W	RITE	3 N 12 2	
TITLE								

12. I hereby certify that the information supplied with this filling 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 affect 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: _

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR