

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 18 PM 5:00

DOCUMENT # V15023 1. Entity Name MAHR DEVELOPMENT CORPORATION OF FLORIDA					
Principal Place of Business 5420 LBJ FREEWAY SUITE 660 DALLAS, TX 75240 US			Mailing Address 5420 LBJ FREEWAY SUITE 660 DALLAS, TX 75240 US		
2. Principal Place of Business - No P.O. Box # 238 Water Street		3. Mailing Address 3403 White Oak Drive			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Apalachicola, FL		City & State Richardson, TX		4. FEI Number 75-2415363	
Zip 32320		Country Franklin		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 75082		Country Collin		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LAVIA, JOHN T % LANDERS & PARSONS 310 WEST COLLEGE AVE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name John T. LaVia Street Address (P.O. Box Number is Not Acceptable) Young Van Assenderp 225 South Adams Street City Tallahassee FL Zip Code 32302		
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: DATE: 3/17/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC MAHR, GEORGE J. <input type="checkbox"/> Delete 5420 LBJ FWY, SUITE 660 DALLAS, TX		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 238 Water Street Apalachicola, FL 32320	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WEART, VICKI D <input type="checkbox"/> Delete 5420 LBJ FWY, SUITE 660 DALLAS, TX		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3403 White Oak Drive Richardson, TX 75082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 600121257576 03/25/08--01058--005 **150.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> B 3/18/08 </div>	
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:			3/12/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
972-234-5353			Daytime Phone #		