


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # V19158	
1. Entity Name WILDFLOWER DEVELOPMENT CORPORATION	

Principal Place of Business 10160 MCGREGOR BLVD. FORT MYERS, FL 33919	Mailing Address 10160 MCGREGOR BLVD. FORT MYERS, FL 33919
---	---

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0394586	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FARNSWORTH, ROBERT L.
10160 MCGREGOR BLVD.
FORT MYERS, FL 33919**

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, 2007 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARNSWORTH, ROBERT L. 10160 MCGREGOR BLVD. FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARNSWORTH, GAYLE C. 10160 MCGREGOR BLVD. FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAVER, CYNTHIA 3300 HAWKINS LANE EUGENE, OR 97405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAVER, ROGER WARD 3300 HAWKINS LANE EUGENE, OR 97405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

U00000671160
03/28/07-80018-009 158.75

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 an other like empowered.

SIGNATURE: Gayle C. Farnsworth **3-14-2007** **239-275-1880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #