

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # J90345



1. Entity Name

FAMILY DEVELOPMENT, INC.

Principal Place of Business

2999 LAURELWIND BLVD.
STE 303
LEWIS CENTER OH 43035
US

Mailing Address

2999 LAUREL WIND BLVD
LEWIS CENTER OH 43035
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 65-0004324

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANGER, PAUL F
C/O MARIE ZIMMER
3556 KILLARNEY PLZ DR.
TALLAHASSEE FL 32309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Paul F. Granger Pres

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	O'REILLY, CHRISTINE	
STREET ADDRESS	5519 BELLERUE PL	
CITY-STATE-ZIP	WESTERVILLE OH 43082	
TITLE	P	☐ Delete
NAME	GRANGER, PAUL F.	
STREET ADDRESS	2999 LAUREL WIND BLVD	
CITY-STATE-ZIP	LEWIS CENTER OH 43035	
TITLE	D	☐ Delete
NAME	GRANGER, KEVIN K.	
STREET ADDRESS	391 FALL RIVER DRIVE	
CITY-STATE-ZIP	REYNOLDSBURG OH 43068	
TITLE	S	☐ Delete
NAME	GRANGER, KATHLEEN	
STREET ADDRESS	2999 LAUREL WIND BLVD	
CITY-STATE-ZIP	LEWIS CENTER OH 43035	
TITLE	D	☐ Delete
NAME	BALLINGER, TERESA L.	
STREET ADDRESS	1110 PINERIDGE DRIVE	
CITY-STATE-ZIP	MARION OH 43302	
TITLE	D	☐ Delete
NAME	GRANGER, JEFFREY F.	
STREET ADDRESS	203 W ROSELAWN DR	
CITY-STATE-ZIP	LOGANSPOUT IN 46947	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	U00000600911
CITY-STATE-ZIP	01/26/07-80030-002 150.00
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Paul F. Granger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-07

740-657-8462