


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000002514
 1. Entity Name
 14 SOUTH PALAFOX PLACE, INC.



Principal Place of Business Mailing Address
 14 PALAFOX PLACE PO BOX 950
 PENSACOLA, FL 32502 US PENSACOLA, FL 32594 US



02062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3156757 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAYGARDEN, L A
 10100 HILLVIEW DR APT. 1304
 PENSACOLA, FL 32504

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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 _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MAYGARDEN, LA 10100 HILLCREST DR. APT; 1304 PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RANELLI, EDWARD UNIVERSITY OF WES FLORIDA PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, PAUL 5955 OSPREY PLACE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAIN, LARRY 401 E CHASE STREET PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MARTIN DR 1301 EAST JACKSON STREET PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000828286
 02/25/08-80006-006 70.00

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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 617, 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: *L.A. Maygarden* President & CEO 2/12/08 850-434-0268
 L.A. MAYGARDEN DATE PHONE