2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

FILED
Jun 07, 2004 8:00 am
Secretary of State
04-12-2004 90305 002 ***150.00

DOCUMENT # 364899

1. Entity Name
NAVARRE BEACH DEVELOPMENT CORPORATION, INC.

66426990

Principal Place of Business	Mailing Address
P O BOX 165 MARY ESTHER, FL 32549	P O BOX 165 MARY ESTHER, FL 32549

DO NOT WRITE IN THIS SPACE

03252004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1399312

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCARTNEY, CLAYTON H
232 CREWILLA DR
FT WALTON BCH, FL 32548

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 _____ DATE APRIL 19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCARTNEY, CLAYTON
STREET ADDRESS	232 CREWILLA DR
CITY-ST-ZIP	FT WALTON BCH, FL 00000,
TITLE	D
NAME	LICHT, JOHN
STREET ADDRESS	124 N.W. BENNARR
CITY-ST-ZIP	FT WALTON BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/19/04 Daytime Phone # 850 243 3953