

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90121 050 \*\*\*150.00

**DOCUMENT # 364899**

1. Entity Name  
**NAVARRE BEACH DEVELOPMENT CORPORATION, INC.**



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

Mailing Address  
**P O BOX 165**  
**MARY ESTHER, FL 32549**

2. Principal Place of Business  
**232 Crewilla Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**232 Crewilla Dr**  
Suite, Apt. #, etc.

City & State  
**Fort Walton Beach, FL**  
Zip  
**32548**  
Country  
**USA**

City & State  
**Fort Walton Beach, FL**  
Zip  
**32548**  
Country  
**USA**

04062005 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**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

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  
**PD**  
**MCCARTNEY, CLAYTON**  
**232 CREWILLA DR**  
**FT WALTON BCH, FL 00000,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**LIGHT, JOHN**  
**124 N.W. BENNARR**  
**FT WALTON BCH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

**04/10/05**  
Date Daytime Phone #