

ANNUAL REPORT

DOCUMENT # 374699

1. Entity Name
THE DEFUNIAK SPRINGS HERALD-BREEZE INC.Jan 19, 20
Secret

Principal Place of Business

676 BALDWIN AVE
DEFUNIAK SPRINGS, FL 32433

Mailing Address

P.O. BOX 1546
DEFUNIAK SPRINGS, FL 32433

01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1313451Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODHAM, LARRY K
ROUTE 6, SANDCLIFF SUBDIVISION
PANAMA CITY, FL 32407DO 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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesU00000592246
01/19/07-80055-019 150.00

10. OFFICERS AND DIRECTORS

TITLE PT
NAME WOODHAM, GARY B
STREET ADDRESS RT. 6 BOX 73
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433TITLE V
NAME WOODHAM, MERLE
STREET ADDRESS SANDCLIFF SUBDIVISION, RT.6
CITY-ST-ZIP PANAMA CITY, FLTITLE S
NAME WOODHAM, LARRY K
STREET ADDRESS SANDCLIFF SUBDIVISION, RT.6
CITY-ST-ZIP PANAMA CITY, FLTITLE
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CITY-ST-ZIPDO NOT WRITE
IN THIS SPACE

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 all other like empowered.

SIGNATURE:

Gary B. Woodham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-07 892-3232