

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90030 004 ***150.00

DOCUMENT # 548952

1. Entity Name

GRIMES CALLAWAY BAYOU ESTATES, INC.



Principal Place of Business

7566 COLERIDGE ROAD
P. O. BOX 10305
PANAMA CITY, FL 32404-8604

Mailing Address

7566 COLERIDGE ROAD
P. O. BOX 10305
PANAMA CITY, FL 32404-8604



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1777501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIMES, BETTY L
7566 COLERIDGE ROAD
PANAMA CITY, FL 32401

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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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 GRIMES, BETTY L
STREET ADDRESS 7566 COLERIDGE ROAD
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE S
NAME GRIMES, BETTY L.
STREET ADDRESS 7566 COLERIDGE ROAD
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #