


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90031 006 ***150.00

DOCUMENT # F95000004490	
1. Entity Name NAVARRE SQUARE, INC.	
	
Principal Place of Business 4142 CARMICHAEL COURT MONTGOMERY, AL 36106 US	Mailing Address PO BOX 230758 MONTGOMERY, AL 36123-0758 US

DO NOT WRITE IN THIS SPACE

04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 63-1071979	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEMS
1200 PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

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 NAME STREET ADDRESS CITY-ST-ZIP	CP BROWN, RONALD C 4142 CARMICHAEL COURT MONTGOMERY, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OWENS, GEORGE H 4142 CARMICHAEL COURT MONTGOMERY, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SMITH, WILBURN A JR. 4142 CARMICHAEL COURT MONTGOMERY, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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:

Ronald C Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/02/08

Date

Daytime Phone #