

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # G40274

1. Entity Name
PERDIDO DEVELOPMENT COMPANY



Principal Place of Business
3700-12 CREIGHTON RD.
PENSACOLA, FL 32504

Mailing Address
3700-12 CREIGHTON RD.
PENSACOLA, FL 32504



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2288142

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MONROE, JOHN W JR.
30 SOUTH SPRING ST
PENSACOLA, FL 32501

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000633613
02/21/07-80070-005 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MASON, ROBERT B
STREET ADDRESS 830 SILVER STRAND
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE STD
NAME MASON, SARA BERRY
STREET ADDRESS 830 SILVER STRAND
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

2-8-07 8304765848