




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90019 001 ***150.00

DOCUMENT # J58554 1. Entity Name NAVONOD DEVELOPMENT CO., INC.					
Principal Place of Business 223 E GOVERNMENT ST PENSACOLA, FL 32501 US			Mailing Address 223 E GOVERNMENT ST PENSACOLA, FL 32501 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">50005050</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 03082006 Chg-P CR2E034 (11/05) </div>	
City & State		City & State			
Zip <u>32502</u> Country		Zip <u>32502</u> Country			
4. FEI Number 59-2771499				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee, Required	
6. Name and Address of Current Registered Agent DONOVAN, JOHN C., SR. 226 E. GOVERNMENT ST. PENSACOLA, FL 32501 ²			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>223 E. Government St.</u> City <u>FL</u> Zip Code <u>32502</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONOVAN, JOHN C. 223 E GOVERNMENT ST PENSACOLA, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  </div> <div style="width: 40%;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John C. Donovan </div> <div style="width: 20%;"> Date <u>3/20/06</u> </div> <div style="width: 20%;"> Daytime Phone # <u>850-432-6104</u> </div> </div>					