

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 01, 2005 08:00 AM
Secretary of State

DOCUMENT # M67749

1. Entity Name
NAVARRE ASSOCIATES, INC.



Principal Place of Business

% IRA MAE HEWATT
8510 NAVARRE PARKWAY
NAVARRE, FL 32566

Mailing Address

% IRA MAE HEWATT
8510 NAVARRE PARKWAY
NAVARRE, FL 32566



06282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2530273

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HEWATT, IRA MAE
8510 NAVARRE PARKWAY
NAVARRE, FL 32566

**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 (file if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEWATT, IRA MAE
STREET ADDRESS	8510 NAVARRE PARKWAY
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	D
NAME	BABIAK, PHILIP J.
STREET ADDRESS	8510 NAVARRE PARKWAY
CITY-ST-ZIP	NAVARRE, FL 32566
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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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ira Mae Hewatt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/05 850-939-2066
Date Daytime Phone #