

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
1/1 Feb 07, 2007 8:00 am
Secretary of State

01-11-2007 90058 024 ****70.00

DOCUMENT # N93000002514					
1. Entity Name 14 SOUTH PALAFOX PLACE, INC.					
Principal Place of Business 14 PALAFOX PLACE PENSACOLA, FL 32502 US			Mailing Address PO BOX 950 PENSACOLA, FL 32594 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3156757	
				☐ Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MAYGARDEN, L.A. 10100 HILLVIEW DR APT. 1304 PENSACOLA, FL 32504				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 retreating) DATE					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
				Make check payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MAYGARDEN, LA 10100 HILLCREST DR. APT. 1304 PENSACOLA, FL 32514	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paul Young 5955 Osprey Place Pensacola, FL 32504	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RANELLI, EDWARD UNIVERSITY OF WES FLORIDA PENSACOLA, FL 32514	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larry Strain Small Business Development Center 401 E Chase Street Pensacola, FL 32502	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dr. Martin Gonzalez 1301 East Jackson Street Pensacola, Florida 32501	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 617, 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: <i>L.A. Maygarden</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				1/9/07 850-434-0268 Date Daytime Phone #	

L.A. MAYGARDEN PCEO