

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90022 002 \*\*\*150.00

**DOCUMENT # P01000058003**

1. Entity Name  
**B&Z DEVELOPERS, INC.**



Principal Place of Business

**130 S. GERONIMO ST.  
STE 5  
DESTIN, FL 32550**

Mailing Address

**PO BOX 6397  
DESTIN, FL 32540**

**40099699**



01302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3729987**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SHORES, TIMM  
130 S. GERONIMO, STE 5  
DESTIN, FL 32550**

**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	PT
NAME	SHORES, TIMM
STREET ADDRESS	159 CALHOUN AVE
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	VS
NAME	WILLIAMS, DAVID
STREET ADDRESS	4093 INDIAN BAYOU NORTH
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	V
NAME	BORGEN, MARK
STREET ADDRESS	525 TAYLOR CIRCLE 825 Juniper Ct.
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547 Destin, FL 32541
TITLE	V
NAME	ZDANIS, MICHAEL
STREET ADDRESS	18 SUGAR COVE RD
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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 #

4/18/08