

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90006 017 ***150.00

DOCUMENT # P02000038578

1. Entity Name
OUR TOWN PROPERTIES, INC.



Principal Place of Business

**25 WEST CEDAR STREET
SUITE 304
PENSACOLA, FL 32501**

Mailing Address

**25 WEST CEDAR STREET
SUITE 304
PENSACOLA, FL 32501**

40031504

2. Principal Place of Business - No P.O. Box #

8494 Navarre Parkway

Suite, Apt. #, etc.

3. Mailing Address

8494 Navarre Parkway

Suite, Apt. #, etc.

03012007

Chg-P

CR2E034 (12/06)

City & State

Navarre, FL

City & State

Navarre, FL

4. FEI Number

01-0699869

Applied For

Not Applicable

Zip

32566

Country

USA

Zip

32566

Country

USA

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

6. Name and Address of Current Registered Agent

**BOROWSKI, T. A JR.
25 WEST CEDAR STREET
SUITE 304
PENSACOLA, FL 32501**

7. Name and Address of New Registered Agent

Name
William A. Pullum

Street Address (P.O. Box Number is Not Acceptable)

8494 Navarre Parkway

City
Navarre

FL

Zip Code
32566

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

William A. Pullum

3/5/07

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

TIME

**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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BOROWSKI, T. A JR.	
STREET ADDRESS	25 WEST CEDAR STREET, SUITE 304	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pullum, William A.	
STREET ADDRESS	8494 Navarre Parkway	
CITY-ST-ZIP	Navarre, FL 32566	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pullum, Martha S.	
STREET ADDRESS	8494 Navarre Parkway	
CITY-ST-ZIP	Navarre, FL 32566	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stuckey, Paula P.	
STREET ADDRESS	8494 Navarre Parkway	
CITY-ST-ZIP	Navarre, FL 32566	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pullum, Bart R.	
STREET ADDRESS	8494 Navarre Parkway	
CITY-ST-ZIP	Navarre, FL 32566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

William A. Pullum, Pres. 3/5/07 850-939-2363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #