

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000004937

1. Entity Name

PAIR & HAYWARD PROPERTIES, INC.



Principal Place of Business  
226 S. PALAFOX PLACE  
SUITE 202  
PENSACOLA FL 32502

Mailing Address  
226 S. PALAFOX PLACE  
SUITE 202  
PENSACOLA FL 32502

FILED

07 FEB 12 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number

16-1648965

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PAIR, MATTHEW  
~~8 HIGHPOINT DR~~  
~~GULF BREEZE FL 32561~~

Name

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

52 Port Royal Way

City Pensacola

FL

Zip Code 32502

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.

200088726122  
02/19/07--01039--024 \*\*200.00

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME PAIR, MATTHEW J  
STREET ADDRESS 8 HIGHPOINT DR  
CITY - ST - ZIP GULF BREEZE FL 32561

TITLE ☒ Change ☐ Addition  
NAME 52 Port Royal Way  
STREET ADDRESS Pensacola, FL 32502  
CITY - ST - ZIP

TITLE D ☐ Delete  
NAME HAYWARD, ASHTON J III  
STREET ADDRESS 1708 OSCEOLA BLVD  
CITY - ST - ZIP PENSACOLA FL 32503

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE D ☐ Delete  
NAME BELL, WALTER A  
STREET ADDRESS 6 HIGHPOINT DR  
CITY - ST - ZIP GULF BREEZE FL 32561

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ Change ☐ 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 Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

2/2/07

Date

850-469-8181

Daytime Phone #