

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000027748

Entity Name: NAVARRE PROPERTIES, INC.

FILED
Jul 28, 2005
Secretary of State

Current Principal Place of Business:

2209 HWY 87
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

2209 HWY 87
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 72-1558574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLUP, LAURIE
1869 FLAMINGO LANE
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALLUP, LAURIE
Address: 1869 FLAMINGO LANE
City-St-Zip: NAVARRE, FL 32566

Title: V (X) Delete
Name: HINEMAN, GREGORY
Address: 1421 LITTLE DUCK CIRCLE
City-St-Zip: GULF BREEZE, FL 32563

Title: ST () Delete
Name: GALLUP, GERALD
Address: 1869 FLAMINGO LANE
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE GALLUP

PRES

07/28/2005

Electronic Signature of Signing Officer or Director

Date