

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000140750

1. Entity Name

VFW DEVELOPMENT & PROPERTIES INC.



Principal Place of Business

1815 TURNER WOOD LANE  
PANAMA CITY BEACH, FL 32407

Mailing Address

1815 TURNER WOOD LANE  
PANAMA CITY BEACH, FL 32407



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0441988

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

WOOD, FRANK JR  
1815 TURNER WOOD LANE  
PANAMA CITY BEACH, FL 32407

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WOOD, FRANK JR
STREET ADDRESS	1815 TURNER WOOD LANE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	VT
NAME	WOOD, VALORIE
STREET ADDRESS	1815 TURNER WOOD LANE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000385903  
01/18/06-80033-014 150.00

**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 #

*Valorie Wood*

1/10/06

850-234-2168