

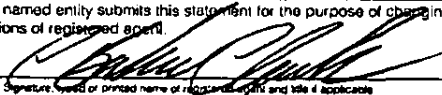
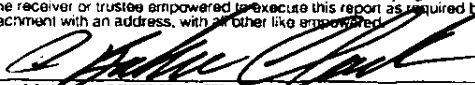


FILED
Feb 14, 2007 8:00 am
Secretary of State

1/1

01-17-2007 90055 019 ***150.00

**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000007690						
1. Entity Name BLUE HERON OF NAVARRE, INC.						
Principal Place of Business 299 FT PICKENS RD PENSACOLA BEACH, FL 32561		Mailing Address 8697 NAVARRE PKWY NAVARRE, FL 32566				
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent CLARK, C. BAKER 299 FT PICKENS RD PENSACOLA BEACH, FL 32561		66001484  01052007 No Chg-P CR2E034 (11/05) <table border="1"><tr><td>4. FEI Number 33-1080271</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 33-1080271	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 33-1080271	Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
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:  (NOTE: Registered Agent signature required when reappointing) DATE: _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, C BAKER 974 GRAND CANAL GULF BREEZE, FL 32561					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, MAL A 951 GRAND CANAL GULF BREEZE, FL 32561					
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
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:  2-9-07 850-939-9400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						