


**FILED**  
**May 19, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90218 049 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P04000068931</b> 1. Entity Name <b>GRAND BAY DEVELOPERS OF ESCAMBIA COUNTY, INC.</b>		
Principal Place of Business <b>21 E GARDEN ST, STE 200 211</b> <b>PENSACOLA, FL 32502</b>		Mailing Address <b>21 E GARDEN ST, STE 200</b> <b>PENSACOLA, FL 32502</b> <i>P.O. Box</i> <i>Pensacola, FL. 32591-1392</i>
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
4. FEI Number <b>20-1048638</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent - <b>DUNNAM, KEVIN</b> <b>22 MORENO POINT RD</b> <b># 15</b> <b>DESTIN, FL 32540</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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 _____ DATE _____ <small>Signature/typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reappointing)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		
9. Election Campaign Financing <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>DUNNAM, KEVIN</b> <b>21 E GARDEN ST, STE 200</b> <b>PENSACOLA, FL 32502</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11'</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>JOHNSON, BOLLEY</b> <b>21 E GARDEN ST, STE 200</b> <b>PENSACOLA, FL 32502</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> <b>Dunnam, Kevin</b> <b>21 E. Garden St, Suite 211</b> <b>Phs 32502</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>COLLEY, MARSHALL</b> <b>21 E GARDEN ST, STE 200</b> <b>PENSACOLA, FL 32502</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> <b>Johnson, Bolley</b> <b>21 E Garden St, Suite 211</b> <b>Phs. 32502</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete	Change <input type="checkbox"/> Addition <input type="checkbox"/> <b>Colley, Marshall</b> <b>21 E. Garden St, Suite 211</b> <b>Phs. 32502</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify 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 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.		
<b>SIGNATURE: <i>Bolley L. Johnson</i> Bolley L. Johnson - D 4/19/05 (850) 438-8433</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		