


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000068931 1. Entity Name GRAND BAY DEVELOPERS OF ESCAMBIA COUNTY, INC.	
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Principal Place of Business 21 E GARDEN ST, STE 211 PENSACOLA, FL 32502	Mailing Address POB 1392 PENSACOLA, FL 32591-1392
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04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1048638	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, BALLEY L 21 E GARDEN ST STE 211 PENSACOLA, FL 32502

**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 relating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

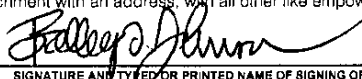
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNNAM, KEVIN 21 E GARDEN ST, STE 211 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, BOLLEY 21 E GARDEN ST, STE 211 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COLLEY, MARSHALL 21 E GARDEN ST, STE 211 PENSACOLA, FL 32502
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04/20/07-80049-004 150.00

**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

4/9/07

Date

(850) 438-8437

Daytime Phone #