

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90024 023 ***150.00

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1. Entity Name
GRAND BAY DEVELOPERS OF ESCAMBIA COUNTY,
INC.



Principal Place of Business
520 E. Zaragoza St.
PENSACOLA, FL 32502

Mailing Address
POB 1392
PENSACOLA, FL 32591-1392

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162008 Chg-P CR2E034 (12/06)

4. FEI Number
20-1048638

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Bolley
JOHNSON, BOLLEY L
520 E. Zaragoza St.
PENSACOLA, FL 32502

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME DUNNAM, KEVIN
STREET ADDRESS 520 E. Zaragoza St.
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME JOHNSON, BOLLEY
STREET ADDRESS 520 E. Zaragoza St.
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME COLLEY, MARSHALL
STREET ADDRESS 520 E. Zaragoza St.
CITY-ST-ZIP PENSACOLA, FL 32502

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CITY-ST-ZIP

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:

Bolley Johnson Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08

Date

(850) 438-8433

Daytime Phone #