## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Aug 24, 2005 8:00 am Secretary of State **DOCUMENT # P04000122529** 07-28-2005 90004 044 \*\*\*550.00 1. Entity Name NAVARRE SOLUTIONS, INC. Principal Place of Business Mailing Address 1942 HIGHWAY 87 SOUTH 1942 HIGHWAY 87 SOUTH NAVARRE, FL 32565 NAVARRE, FL 32566 2. Principal Place of Business 3. Mailing Address Suite, Aot, #, etc. Suite, Apl. #, etc. 07192005 Chg-P CR2E034 (10/03) ✓ Applied For City & State 4. FEI Number City & State PN 20-1692312 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WHITE, DAVID G ESQ. Street Address (P.O. Box Number is Not Acceptable) 204 CHURCH STREET EAST PENSACOLA, FL 32502 City Zip Code 8. The above named entity submits to stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept egistered age the obfigations of SIGNATURE. (NOTE: Registered Agent aignature required when reinstating) CATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 13 \$550.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Addition TITLE ☐ Belete Chance PULLUM, JEANNE NAME NAME 2845 PEBBLE BEACH DRIVE STREET ADDRESS STREET ADDRESS NAVARRE, FL 32566 CITY-SI-ZIP CITY-SI-ZIP ☐ Chance TITI F ☐ Belete TITLE ☐ Addition NAVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP ☐ Delate TITLE Change ☐ Addition MILE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-2P Delete TITLE Change ☐ Addition mle NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change TILLE ☐ Addition THE NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZP 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 each; that I am an efficer or director of the corporation or the report or further 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 given the empowered. SIGNATURE:

SFICER OF DIRECTOR

**FILED** 

Daytme Phone #

ATTACHMENT DAVID G. WHITE 6348

204 Church Street

Admitted To Practice Florida Alabama District of Columbia

Post Office Box 887 Pensacola, Florida 32591 (850) 469-0551 Trial Practice Personal Injury Criminal Defense Civil Litigation

August 18, 2005

Secretary Of State Florida Department of State Division Of Corporations Post Office Box 6327 Tallahassee, Florida 32301

RE: 2005 FOR PROFIT CORPORATION ANNUAL REPORT NAVARRE SOLUTION, INC. P04000122529

Dear Sir or Madam:

I am in receipt of your correspondence dated July 29, 2005, with regard to the above referenced annual report. Pursuant to your request, you will please find enclosed a "2005 For Profit Corporation Annual Report" for Navarre Solutions, Inc." providing the Federal Employer Identification (FEI) number.

In addition, please correct your records to reflect the mailing address for Navarre Solutions, Inc. to 204 Church Street East, Pensacola, Florida, 32502.

Thank you for your attention to this matter.

Sincerely,

DAVID G. WHITE

DGW/mlj Enclosure