


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P05000152053 1. Entity Name EIGHT HUNDRED EAST DEVELOPERS, INC. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 3250 W NAVY BLVD PENSACOLA, FL 32505 | Mailing Address P.O. BOX 12346 PENSACOLA, FL 32591 |
|--|--|

DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 20-3793632 | 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

CAMPBELL, JAMES S
 501 COMMENDENCIA ST
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MONTGOMERY, ROBERT 1388 COUNTRY CLUB ROAD GULF BREEZE, FL 32561 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BIZZELL, THOMAS P O BOX 12346 PENSACOLA, FL 32591 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WHITESELL, WILLIAM K JR. 414 N. SUNSET BLVD. 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 | |

U00000822610
 02/20/08-80004-022 150:00

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: Thomas M. Bizzell Thomas M. Bizzell 2/06/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #