2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # P05000156123 1. Entity Name NAVARRE INDUSTRIES, INC.)	05-01-2008	•	7 ***150).00
Principal Place of Business 2056 SUNDOWN DRIVE NAVARRE, FL 32566			20	Mailing Address 2056 SUNDOWN DRIVE NAVARRE, FL 32566			1	AB 61	11 2 1 11 25 1 2 111 2 11		PPRI 14 4881
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.			\$	Suite, Apt. #, etc.			04242008	Chg-P	CR2E0	34 (12/06)	
City & Staté			City & State				4. FEI Numb 41-218				pplied For ot Applicable
Zip	Country		2	Zip Count		itry	5. Certificate of Status Desired See Required				
6 me and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
KING, JAMES 945 W MICHIGAN A 5-B						Street Address	(P.O. Box Numb	er is Not Acceptab	le)		
PENSACOLA, FL 32505						City	***********			Zip Code	Α
9. The above aggred antity submits this greenway for the average of above in its assistance.							ered agent or bo	oth in the State of F	FL lorida tam f		
 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											
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 ided to Fees				
10.		OFFICERS ANI) DIREC	CTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTOR:	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP										☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4 14 14 14 14 14 14 14 14 14 14 14 14 14			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Deléle		ł				☐ Charige	☐ Addition
IITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		ŀ				☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filling 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 expect 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 a made to 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 by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 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 by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee empowered. SIGNATURE:											
SIGNATURE: Sunature And TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytone Phone #											