

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000064575

1. Entity Name  
GRANDE ISLE RESORTS, INC.



FILED

05 APR -7 PM 6:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02282005 Chg-P CR2E034 (10/03)

Principal Place of Business

221 E. GARDEN STREET  
6-W  
PENSACOLA, FL 32501

Mailing Address

221 E. GARDEN STREET  
6-W  
PENSACOLA, FL 32501

2. Principal Place of Business

5823 Hwy. 90  
Suite, Apt. #, etc.

3. Mailing Address

5823 Hwy. 90  
Suite, Apt. #, etc.

City & State

Milton, FL

City & State

Milton, FL

4. FEI Number

59-3264906

Applied For

Not Applicable

Zip

32583

Country

U.S.

Zip

32583

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HEAD, HOWARD O  
221 E. GARDEN STREET, STE. 6-W  
PENSACOLA, FL 32501

7. Name and Address of New Registered Agent

Name Head Howard O.

Street Address (P.O. Box Number is Not Acceptable)

5823 Hwy. 90

City Milton

FL

Zip Code 32583

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, 2005 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	PSD HEAD, HOWARD O 221 E. GARDEN STREET, STE. 6-W PENSACOLA, FL 32501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	\$150	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	800055668258 06/02/05--01060--007 **450.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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

2/28/05  
Date

850-623-0009  
Daytime Phone #