

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000030208**

1. Entity Name

DOUGLAS LANDING DEVELOPMENT COMPANY, INC.



Principal Place of Business

24 JOANNA DRIVE  
SANTA ROSA BEACH FL 32459

Mailing Address

24 JOANNA DRIVE  
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3307414

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

VANN, EUGENE N  
24 JOANNA DRIVE  
#914  
SANTA ROSA BEACH FL 32459

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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: D ☐ Delete  
NAME: VANN, MICHAEL L  
STREET ADDRESS: 4201 CLIFF ROAD  
CITY, ST, ZIP: BIRMINGHAM AL 35222

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY, ST, ZIP: ☐ Change ☐ Addition

TITLE: PD ☐ Delete  
NAME: VANN, EUGENE N  
STREET ADDRESS: 24 JOANNA DRIVE  
CITY, ST, ZIP: SANTA ROSA BEACH FL 32459

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY, ST, ZIP: ☐ Change ☐ Addition

TITLE: 2VPD ☐ Delete  
NAME: HILTY, CLYDE  
STREET ADDRESS: 7095 ELM STREET  
CITY, ST, ZIP: LONGMONT CO 80503

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY, ST, ZIP: ☐ Change ☐ Addition

TITLE: ST ☐ Delete  
NAME: VANN, DONNA  
STREET ADDRESS: 24 JOANNA DRIVE  
CITY, ST, ZIP: SANTA ROSA BEACH FL 32459

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY, ST, ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete  
NAME: OLIVER, II, JOHN P  
STREET ADDRESS: 324 SMOKERISE  
CITY, ST, ZIP: DADEVILLE AL 36853

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY, ST, ZIP: ☐ Change ☐ Addition

TITLE: 1VPD ☐ Delete  
NAME: OLIVER, MELISSA  
STREET ADDRESS: 324 SMOKERISE  
CITY, ST, ZIP: DADEVILLE AL 36853

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY, ST, ZIP: ☐ Change ☐ 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:

*Donna Vann*

Donna Vann

April 1, 2005 (850) 231-5048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

See/Treas.

Date

Daytime Phone #