

'2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

1st MOORE CR2E034 (10/05)

4. FEI Number
59-3307414

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**VANN, EUGENE N
24 JOANNA DRIVE
#814
SANTA ROSA BEACH FL 32459**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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		TITLE		☐ Change ☐ Addition	
NAME	VANN, MICHAEL L			NAME			
STREET ADDRESS	4201 CLIFF ROAD			STREET ADDRESS			
CITY-ST-ZIP	BIRMINGHAM AL 35222			CITY-ST-ZIP			
TITLE	PD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	VANN, EUGENE N			NAME			
STREET ADDRESS	24 JOANNA DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459			CITY-ST-ZIP			
TITLE	2VPD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	HILTY, CLYDE			NAME			
STREET ADDRESS	7095 ELM STREET			STREET ADDRESS			
CITY-ST-ZIP	LONGMONT CO 80503			CITY-ST-ZIP			
TITLE	ST	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	VANN, DONNA			NAME			
STREET ADDRESS	24 JOANNA DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	OLIVER, II, JOHN P			NAME			
STREET ADDRESS	324 SMOKERISE			STREET ADDRESS			
CITY-ST-ZIP	DADEVILLE AL 36853			CITY-ST-ZIP			
TITLE	1VPD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	OLIVER, MELISSA			NAME			
STREET ADDRESS	324 SMOKERISE			STREET ADDRESS			
CITY-ST-ZIP	DADEVILLE AL 36853			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* **Donna Vann Secy** **4-4-06 (850) 231-5048**