


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P95000082291 1. Entity Name GRAND FLORIDIAN BUILDERS, INC. |  |
|--|---|

Principal Place of Business
17320 PANAMA CITY BCH PARKWAY
STE 207
PANAMA CITY, FL 32413 US

Mailing Address
P.O. BOX 7096
PANAMA CITY, FL 32413



03222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3344080 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--|

6. Name and Address of Current Registered Agent

ADAMS, SHANNON E
17320 PANAMA CITY BCH PARKWAY
STE 207
PANAMA CITY BEACH, FL 32413

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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 | P ADAMS, SHANNON E 17320 PANAMA CITY BCH. PKWY STE. 207 PANAMA CITY BCH, FL 32413 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP ADAMS, LISA E 17320 PANAMA CITY BCH, PKWY STE. 207 PANAMA CITY BCH, FL 32413 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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03/29/05-80019-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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

3-28-05 850-230-1474
Date Daytime Phone #