


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000082291</b> 1. Entity Name <b>GRAND FLORIDIAN BUILDERS, INC.</b>	
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Principal Place of Business <b>17320 PANAMA CITY BCH PARKWAY STE 110 PANAMA CITY, FL 32413 US</b>	Mailing Address <b>P.O. BOX 7096 PANAMA CITY, FL 32413</b>
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**DO NOT WRITE IN THIS SPACE**



02222008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3344080</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ADAMS, SHANNON E  
17320 PANAMA CITY BCH PARKWAY  
STE 110  
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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000920257  
05/14/08-80036-017 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, SHANNON E 17230 PANAMA CITY BCH, PKWY STE. 110 PANAMA CITY BCH, FL 32413
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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

4/22/08 850-230-1474  
Date Daytime Phone #