


**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

*Amended
FILED*

04 JUL 19 PM 6:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000011355			
1. Entity Name S & L DEVELOPMENT COMPANY OF NAVARRE, INC.			
Principal Place of Business 8172 NAVARRE PARKWAY NAVARRE, FL 32566		Mailing Address 8172 NAVARRE PARKWAY NAVARRE, FL 32566	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07022004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3498904 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	
LOPER, HENRY M 8172 NAVARRE PKWY NAVARRE, FL 32566		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 reinstating) DATE _____

Amended AR Is \$61.25

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	<input checked="" type="checkbox"/> Delete		TITLE	200039537322	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOPER, HENRY M			NAME	07/26/04--01071--008	**61.25	
STREET ADDRESS	8172 NAVARRE PKWY			STREET ADDRESS			
CITY-ST-ZIP	NAVARRE, FL 32566			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPEAR, CARL H			NAME			
STREET ADDRESS	8158 NAVARRE PKWY			STREET ADDRESS			
CITY-ST-ZIP	NAVARRE, FL 32566			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Sharon J. Loper		
STREET ADDRESS				STREET ADDRESS	8172 Navarre Pkwy		
CITY-ST-ZIP				CITY-ST-ZIP	Navarre, FL 32566		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: _____ Date: 2/5/04 Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR