## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 20, 2005 8:00 am Secretary of State **DOCUMENT # P98000011355** 04-20-2005 90298 014 \*\*\*150.00 S & L DEVELOPMENT COMPANY OF NAVARRE, INC. Principal Place of Business Mailing Address 8172 NAVARRE PARKWAY 8172 NAVARRE PARKWAY NAVARRE, FL 32566 NAVARRE, FL 32566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 04062005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3498904 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent spear LOPER, HENRY M 8172 NAVARRE PKWY NAVARRE, FL 32566 City grement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity so the obligations of regist SIGNATURE. Signature, typed or printed na 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Vice president TITLE Delete TITLE Change LOPER, SHARON J NADJA Spear NAME NAME 8158 Navarre Phuy 8172 NAVARRE PKWY STREET ADDRESS STREET ADDRESS NAVARRE, FL 32566 City-SI-7IP CITY-ST-7IP Navarre Fl. 32566 Delete TILE reside n. ☐ Artrition TITLE Change Carl Vispear 8158 Davane Pkwy NAME SPEAR, CARL H NAME 8158 NAVARRE PKWY STREET ADDRESS STREET ADDRESS Navane FL. 32566 CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-ZIP sharon J. Loper sharon J. Loper sita Navarre Phony TITLE Delete TITLE Change : ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS Navarre FL. 32566 CITY-ST-ZIP CITY-ST-ZIP TITLE \_ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Delete TILE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change 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 supplier ental 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 trystee 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 939. 345

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**