


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # P98000011355 1. Entity Name S & L DEVELOPMENT COMPANY OF NAVARRE, INC.	
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Principal Place of Business 8172 NAVARRE PARKWAY NAVARRE, FL 32566	Mailing Address 8172 NAVARRE PARKWAY NAVARRE, FL 32566
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DO NOT WRITE IN THIS SPACE



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3498904	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPEAR, CARL H.
8172 NAVARRE PKWY
NAVARRE, FL 32566

**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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000695176
04/17/07-80050-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPER, SHARON J 8172 NAVARRE PKWY NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPEAR, CARL H 8158 NAVARRE PKWY NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPEAR, NADJA 8158 NAVARRE PKWY NAVARRE, FL 32566
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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: Sharon J Loper Sharon J Loper 4-4-07 850 939-1373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #