


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90060 048 ***150.00

DOCUMENT # P98000063995 1. Entity Name SANTA ROSA BEACH DEVELOPMENT CORP II					
Principal Place of Business 13601 PERDIDO KEY DRIVE PENSACOLA, FL 32507			Mailing Address 440 BAY FRONT PARKWAY PENSACOLA, FL 32502		
2. Principal Place of Business - No P.O. Box # 440 BAYFRONT PKWY		3. Mailing Address Suite, Apt. #, etc.			
City & State PENSACOLA, FL		City & State		4. FEI Number NOT APPLICABLE	
Zip 32502		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSEN, MARK L ESQUIRE 1380 NORTHEAST MIAMI GARDENS DR SUITE 246 NORTH MIAMI BEACH, FL 33179				7. Name and Address of New Registered Agent 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZOHOURI, FRED S 600 WEST PEACHTREE ST., #1200 ATLANTA, GA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RETHATI, GEORGE O 13601 PERDITO KEY DRIVE PENSACOLA, FL	<input type="checkbox"/> Delete			
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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 all changes, with all other like empowered.					
SIGNATURE: _____ 3-1-07 850-439-1139 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					