

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000098280

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: VANGUARD DEVELOPMENT, INC.

**Current Principal Place of Business:**

400001 EMERALD COAST PARKWAY  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

400001 EMERALD COAST PARKWAY  
DESTIN, FL 32541

**New Mailing Address:**

FEI Number: 59-3561897

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MATTHEWS, DANA C  
4475 LEGENDARY DR.  
BOX 40  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ADKINSON, MIKE  
Address: 502 GREEN COVE  
City-St-Zip: NICEVILLE, FL 32578

Title: VPT ( ) Delete  
Name: ADKINSON, WAYNE  
Address: 29874 US HWY 331 S.  
City-St-Zip: FREEPORT, FL 32439

Title: VPS ( ) Delete  
Name: ADKINSON, CHAD  
Address: 90 SPIRES LANE UNIT 11B  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE ADKINSON

DP

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date