## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000021886

Entity Name: NAVARRE SERVICES, INCORPORATED

FILED Jul 08, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	LE DE LAUREL E, FL 32566				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	LE DE LAUREL E, FL 32566				
FEI Number:	: 59-3564313	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
NAVARRE The above	LE DE LAUREL E, FL 32566	US	urpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent			nt	 Date	
In accordan		(2)(b), F.S., the corporation did no		Date	
		Trust Fund Contribution ( ).	receive the phornotice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () YATES, EMILY 0 6628 CALLE DE NAVARRE, FL 3	LAUREL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () YATES, WILLIAI 114 PRIMROSE SEQUIM, WA 9	ELANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () YATES-LEE, MA 6770 E BAY BLY NAVARRE, FL 3	/D	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () YATES, ROBER 3730 SCENIC R PENSACOLA, F	IDGE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () NORTH, CHERR 320 MENEES LI MADISON, TN 3	1	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EMILY JEAN YATES D 07/08/2008