

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000056185

1. Entity Name
BIRCH GLADE DEVELOPMENT COMPANY



Principal Place of Business
**3800 MOBILE HWY
PENSACOLA, FL 32505**

Mailing Address
**3800 MOBILE HWY
PENSACOLA, FL 32505**



05302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3581522	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

**HOVANESIAN, ARCHIBALD ESQUIRE
16 PORT ROYAL WAY
PENSACOLA, FL 32502**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUNTON, ARTHUR C III 3800 MOBILE HWY PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCS HOVANESIAN, ARCHIBALD ESQUIRE 16 PORT ROYAL WAY PENSACOLA, FL 32502
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06/01/06-80003-024 150.00

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IN THIS SPACE**

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: Arthur C Bunton III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 May 06
Date

Daytime Phone # _____