

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 15 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S21646

1. Entity Name  
HAVENWOOD GARDEN APARTMENTS CORP.



Principal Place of Business  
460 HARRISON AVE  
PANAMA CITY, FL 32401

Mailing Address  
460 HARRISON AVE  
PANAMA CITY, FL 32401



04032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3044714

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FAIRCLOTH, CHARLES E  
460 HARRISON AVE  
PANAMA CITY, FL 32401

**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  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME FAIRCLOTH, CHARLES E  
STREET ADDRESS 460 HARRISON AVE  
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE D  
NAME GRIMSLEY, WILLIAM C JR  
STREET ADDRESS 7911 THOMAS DR  
CITY-ST-ZIP PANAMA CITY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

600033099646  
04/19/04--01078--010 \*\*158.75

**DO NOT WRITE  
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify 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 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.

NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHARLES FAIRCLOTH 4-6-04

850-785-

7