

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 08:00 A
Secretary of State

DOCUMENT # V68955

1. Entity Name
FV ST. ANDREW BAY - CHALLENGER, INC.



Principal Place of Business
**P.O. BOX 1752
PANAMA CITY, FL 32402**

Mailing Address
**P.O. BOX 1752
PANAMA CITY, FL 32402**

DO NOT WRITE IN THIS SPACE



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3158679

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRIS, JOHN T.
1910 BALTIMOR AVE.
PANAMA CITY, FL 32405**

**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, from familiar with, and accept the obligations of registered agent.

05/08/07-80012-023 150.00

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

05/08/07-80012-024 8.75

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	DOBBS, JANICE B
STREET ADDRESS	2071 LOST MOUNTAIN RD
CITY-ST-ZIP	POWDER SPRINGS, GA 301271122
TITLE	P
NAME	HARRIS, JOHN T
STREET ADDRESS	P.O. BOX 1752 N/A
CITY-ST-ZIP	PANAMA CITY, FL 32402
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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, on an attachment with an address, with all other like empowered.

SIGNATURE:

John T. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Apr. 1 16, 07

Daytime Phone #