


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90064 018 ***150.00

DOCUMENT # H27504 1. Entity Name PENSACOLA POB INCORPORATED			
Principal Place of Business BAPTIST MEDICAL TOWERS SUITE 320 PENSACOLA, FL 32501 US		Mailing Address 1717 NORTH E STREET SUITE 320, ATTN. J. KEHOE PENSACOLA, FL 32501 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04072005	Chg-P CR2E034 (10/03)
		4. FEI Number 59-2462399	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		7. Name and Address of New Registered Agent	
PORTER, JOHN 1717 N. "E" STREET STE 320 PENSACOLA, FL 32501		Name - Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, JOHN	NAME	
STREET ADDRESS	1717 N. "E" ST., STE. 320	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32501	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YADEN, DEBRA	NAME	
STREET ADDRESS	1717 N. "E" ST., STE. 320	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32501	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEE, ELEANOR	NAME	
STREET ADDRESS	1717 N. "E" ST., STE. 321	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32501	CITY-ST-ZIP	
TITLE	VC <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRETT, BILL	NAME	VC Cramer, Michelle
STREET ADDRESS	1717 N "E" ST, STE 320	STREET ADDRESS	1717 N "E" St., Ste. 301
CITY-ST-ZIP	PENSACOLA, FL 32501	CITY-ST-ZIP	Pensacola, FL 32501
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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.			
SIGNATURE: <i>Debra Yaden</i>		Date: 4/8/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Debra Yaden		Daytime Phone #: 850/469-2339	
		Asst. Sec.	