


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000046229**

1. Entity Name  
 CHB OF NORTHWEST FLORIDA, INC.



Principal Place of Business  
 4400 BAYOU BLVD #4A  
 PENSACOLA, FL 32503

Mailing Address  
 P.O. BOX 2172  
 PENSACOLA, FL 32513



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 51-3645712

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

MOORHEAD, STEPHEN R  
 4300 BAYOU BLVD, STE. 13  
 PENSACOLA, FL 32503

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

**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**

U00000126604  
 04/23/04-80040-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, MILTON C P.O. BOX 2172 N/A PENSACOLA, FL 32513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTER, MARK E 3694 SCENIC HWAY PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LADNER, IRENE F 7634 BROOK FOREST DRIVE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLCOMB, JEFFREY S 1002 E TEN MILE RD PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: Stephen R Moorhead 4/20/02 #8504797722  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #