


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90062 026 \*\*\*150.00

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

**50002924**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

01072005 Chg-P CR2E034 (10/03)

City & State, Zip, Country

4. FEI Number: ~~51-3645712~~ 59-3645712 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

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	ROGERS, MILTON C	<input type="checkbox"/> Delete
NAME		P.O. BOX 2172 N/A	
STREET ADDRESS		PENSACOLA, FL 32513	
CITY-ST-ZIP			
TITLE	P	PORTER, MARK E	<input type="checkbox"/> Delete
NAME		3694 SCENIC HWAY	
STREET ADDRESS		PENSACOLA, FL 32514	
CITY-ST-ZIP			
TITLE	VP	LADNER, IRENE F	<input type="checkbox"/> Delete
NAME		7634 BROOK FOREST DRIVE	
STREET ADDRESS		PENSACOLA, FL 32514	
CITY-ST-ZIP			
TITLE	V	HOLCOMB, JEFFREY S	<input type="checkbox"/> Delete
NAME		1002 E TEN MILE RD	
STREET ADDRESS		PENSACOLA, FL 32514	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 which crosses, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 1/10/05 DAYTIME PHONE # \_\_\_\_\_