


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90015 028 \*\*\*158.75

**DOCUMENT # P00000083366**

1. Entity Name  
**PENSACOLA REAL ESTATE HOLDINGS I, INC.**



Principal Place of Business  
**2 N. PALAFOX ST.  
 PENSACOLA, FL 32501**

Mailing Address  
**2 N. PALAFOX ST.  
 PENSACOLA, FL 32501**

24010123



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01122004 Chg-P CR2E034 (10/03)

City & State

City & State

Zip Country Zip Country  
**32502 32502**

4. FEI Number  
**59-3667935**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCRORY, SONDRRA  
 2 N. PALAFOX ST.  
 PENSACOLA, FL 32501**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code  
**32502**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, SCOTT J			NAME			
STREET ADDRESS	2 N. PALAFOX ST.			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32501			CITY-ST-ZIP	32502		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOSTER, DANA R			NAME			
STREET ADDRESS	2 N. PALAFOX ST.			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32501			CITY-ST-ZIP	32502		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOLAN, JOHN J JR			NAME			
STREET ADDRESS	2 N. PALAFOX ST.			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32501			CITY-ST-ZIP	32502		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TREHERN, W. EDWARD			NAME			
STREET ADDRESS	2 N. PALAFOX			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32501			CITY-ST-ZIP	32502		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ST PE, GERALD			NAME			
STREET ADDRESS	2 N. PALAFOX ST.			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32501			CITY-ST-ZIP	32502		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLOWAY, J.L.			NAME			
STREET ADDRESS	2 N. PALAFOX ST.			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32501			CITY-ST-ZIP	32502		

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: Scott J. Bell 1/12/04 850-430-0187

DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_