

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008206

**Entity Name:** PENSACOLA BIZNET, INC.**Current Principal Place of Business:**913 GULF BREEZE PKWY  
SUITE 5  
GULF BREEZE, FL 32561**Current Mailing Address:**913 GULF BREEZE PKWY  
SUITE 5  
GULF BREEZE, FL 32561**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HICKEY, RAYMOND G  
913 GULF BREEZE PKWY  
SUITE 5  
GULF BREEZE, FL 32561 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	ALBERTINI, MARY
Address	31 E. FAIRFIELD DRIVE
City-State-Zip:	PENSACOLA FL 32501

Title	V
Name	WARD, KEVIN
Address	2024 W. GOVERNMENT STREET
City-State-Zip:	PENSACOLA FL 32501

Title	V
Name	HOFFMAN, SEAN
Address	9231 CAMBERWELL ROAD
City-State-Zip:	PENSACOLA FL 32514

Title	S
Name	WHITE, VICKEY
Address	9820 TOWER RIDGE ROAD
City-State-Zip:	PENSACOLA FL 32526

Title	T
Name	POWERS, CHRISTINA M
Address	913 GULF BREEZE PKWY., #5
City-State-Zip:	GULF BREEZE FL 32561

Title	S
Name	BOKANYI, DAVID
Address	4471 LAMIRAGE
City-State-Zip:	PENSACOLA FL 32504

Title	S
Name	BOKANYI, DAVID
Address	4471 LAMIRAGE
City-State-Zip:	PENSACOLA FL 32504

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CHRISTINA POWERS****T****04/29/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date