

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K97741

**FILED**  
**Jan 15, 2014**  
**Secretary of State**  
**CC7802855385**

**Entity Name:** PENDLETON + BOWMAN, INC.

**Current Principal Place of Business:**

204 W RUSKIN PLACE  
SEASIDE, FL 32459-4877

**Current Mailing Address:**

PO BOX 4877  
SEASIDE, FL 32459-4877 US

**FEI Number:** 59-2962723

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PENDLETON, CAROLYN C  
204 W RUSKIN PLACE  
SEASIDE, FL 32459-4877 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 PSD  
Name PENDLETON, CAROLYN C  
Address 204 W RUSKIN PLACE  
City-State-Zip: SEASIDE FL 32459-4877

Title TD  
Name BOWMAN, VICTOR S  
Address 204 W RUSKIN PLACE  
City-State-Zip: SEASIDE FL 32459-4877

Title D  
Name CHALK, JO ALICE  
Address 309 PRISCILLA DRIVE  
City-State-Zip: FT. WALTON BEACH FL 32547

Title VP  
Name PARISH, LORI A  
Address 204 W RUSKIN PLACE  
BOX 4877  
City-State-Zip: SEASIDE FL 32459-4877

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAROLYN C. PENDLETON

**PRESIDENT**

**01/15/2014**

Electronic Signature of Signing Officer/Director Detail

Date