

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K97741

**FILED**  
**Jan 22, 2024**  
**Secretary of State**  
**6212973549CC**

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

**Current Principal Place of Business:**

80 BAY MAGNOLIA LN  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

PO BOX 1244  
SANTA ROSA BEACH, FL 32459-1244 US

**FEI Number:** 59-2962723

**Certificate of Status Desired:** No

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

PENDLETON, CAROLYN C  
80 BAY MAGNOLIA LN  
SANTA ROSA BEACH, FL 32459-5468 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 PO BOX 1244  
City-State-Zip: SANTA ROSA BEACH FL 32459-1244

Title TD  
Name BOWMAN, VICTOR S  
Address PO BOX 1244  
City-State-Zip: SANTA ROSA BEACH FL 32459-1244

Title SENIOR VP  
Name PARISH, LORI A  
Address PO BOX 1244  
City-State-Zip: SANTA ROSA BEACH FL 32459-1244

Title VP  
Name NOWELL, MICHELLE L  
Address PO BOX 1244  
City-State-Zip: SANTA ROSA BEACH FL 32459-1244

Title VP  
Name SHERAN , M DOUGLAS  
Address PO BOX 1244  
City-State-Zip: SANTA ROSA BEACH FL 32459-1244

*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

PSD

01/22/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date