

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000060404

**Entity Name:** FERRY & FERRY, P.A.

**Current Principal Place of Business:**

415 N. SPRING STREET  
PENSACOLA, FL 32501

**Current Mailing Address:**

415 N. SPRING STREET  
PENSACOLA, FL 32501 UN

**FEI Number:** 38-3650671

**Certificate of Status Desired:** No

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

FERRY, NICOLE K  
415 N. SPRING STREET  
PENSACOLA, FL 32501 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 CHM  
Name FERRY, NICOLE K  
Address 415 N. SPRING ST.  
City-State-Zip: PENSACOLA FL 32501

Title CHM  
Name FERRY, CHRISTOPHER A  
Address 415 N. SPRING ST.  
City-State-Zip: PENSACOLA FL 32501

*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:** NICOLE FERRY

CHM

04/27/2021

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

\_\_\_\_\_  
Date