2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 105425

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

6102 TIPPIN AVE

DESPOSITO, AJ

5460 N. SHORE RD

PENSACOLA, FL 32504

PENSACOLA, FL 32507

() Delete

Entity Name: PENSACOLA COUNTRY CLUB, INC.

FILED Feb 09, 2005 Secretary of State

Current Principal Place of Business: 1500 BAYSHORE DR. PENSACOLA, FL 32507				New Principal Place of Business:			
Current Mailing Address: 1500 BAYSHORE DR. PENSACOLA, FL 32507				New Mailing Address:			
FEI Number: 59-0443311 FEI Number Applied For () FEI		FEI Nun	ımber Not Applicable () Certificat			ate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SNYDER, ROBERT 572 WINDROSE CIRCLE PENSACOLA, FL 32507 US				MAZENKO, MICHAEL 1062 HARBOR LANE GULF BREEZE, FL 32563 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: MICHAEL MAZENKO				02/09/2005			
Electronic Signature of Registered Agent							Date
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () I SNYDER, ROBE 572 WINDROSE PENSACOLA, FL	CIRCLE		Title: Name: Address: City-St-Zip:	P MAZENKO, 1062 HARB GULF BREE		
Title: Name: Address: City-St-Zip:	VP () I MAZENKO, MICH 1062 HARBOR L GULF BREEZE,	ANE		Title: Name: Address: City-St-Zip:	VP DONOVAN, 502 N 20TH PENSACOL		() Addition
Title: Name: Address: City-St-Zip:	S () I MILLER, CRAIG 1520 BAYSHORI PENSACOLA, FL			Title: Name: Address: City-St-Zip:	S BOYLES, K 11 LAKESII PENSACOL		() Addition
Title: Name: Address: City-St-Zip:	T () I BUEHLER, JOSE 2024 MAGNOLIA PENSACOLA, FL	AVE		Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name:	D ()[BOYLES, KARL	Delete		Title: Name:	D DICKSON, I	(X) Change BARRY	() Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

121 PALAFOX PLACE SUITE C

() Change () Addition

PENSACOLA, FL 32501

SIGNATURE: MICHAEL MAZENKO P 02/09/2005