


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90061 008 ***150.00

DOCUMENT # 384583			
1. Entity Name PENSACOLA BEACH REALTY, INC.			
Principal Place of Business 649 PENSACOLA BEACH BLVD. PENSACOLA BEACH FL 32561		Mailing Address 649 PENSACOLA BEACH BLVD. PENSACOLA BEACH FL 32561	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4865 MANOLETE Suite, Apt. #, etc.	
City & State Zip		City & State PENSACOLA, FL Zip 32504	
Country		Country ESCAMBIA	



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent BORES, CAROL F. 204 SABINE DRIVE PENSACOLA BEACH FL 32561		7. Name and Address of New Registered Agent Name BORES, CAROL F. Street Address (P.O. Box Number is Not Acceptable) 4865 MANOLETE City PENSACOLA FL Zip Code 32504	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Carol F. Bores</i></u> CAROL F. BORES, PRES <u>2/12/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BORES, CAROL F. 204 SABINE DRIVE PENSACOLA, FL 0 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CAROL F. BORES 4865 MANOLETE PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol F. Bores* **CAROL F. BORES, PRES.** 2/17/05 850-437-7564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #