
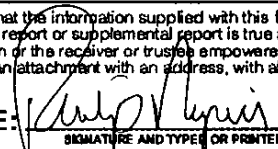


FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90121 039 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 398793			
1. Entity Name NAPIER, INCORPORATED OF PENSACOLA			
Principal Place of Business 4400 BAYOU BLVD STE-52-B PENSACOLA, FL 32503 US		Mailing Address P. O. BOX 9469 PENSACOLA, FL 32513 US	
2. Principal Place of Business 4300 BAYOU BLVD.		3. Mailing Address	
Suite, Apt. #, etc. Suite 10		Suite, Apt. #, etc.	
City & State PENSACOLA, FL.		City & State	
Zip 32503	Country USA	Zip	Country
6. Name and Address of Current Registered Agent NAPIER, PHILIP 1188 JAGUAR CIRCLE GULF BREEZE, FL. 32561		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD NAPIER, PHILIP 1188 JAGUAR CIRCLE GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NAPIER, JOSEPH 4400 BAYOU BLVD STE-52-B PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4300 BAYOU BLVD, Suite 10 PENSACOLA, FL 32503 <input 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
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
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
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 850-857-1881	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

60027064



02212006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1429033 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required