


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2006 08:00 AM
Secretary of State**

DOCUMENT # 462653 1. Entity Name THE PENSACOLA BAR AND HARBOR PILOTS, INC	
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Principal Place of Business 3645 MOLAREE DR. PENSACOLA, FL 32503-3144	Mailing Address 3645 MOLAREE DR. PENSACOLA, FL 32503-3144
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1561828	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHAEFER, RONALD E. 3645 MOLAREE DR. PENSACOLA, FL 32503

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHAEFER, THERESA M 3645 MOLAREE DR PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAEFER, RONALD E 3645 MOLAREE DR PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP SCHAEFER, RONALD E 3645 MOLAREE DR PENSACOLA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1100000381358 01/11/06-80077-009 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Ronald E. Schaefer
RONALD E. SCHAEFER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-06 850-4333632
Date Daytime Phone #