

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 517659**

1. Entity Name  
**KINSEY, TROXEL, JOHNSON, WALBORSKY & BRADLEY,  
P.A.**



Principal Place of Business

**438 EAST GOVERNMENT STREET  
PENSACOLA, FL 32501**

Mailing Address

**438 EAST GOVERNMENT STREET  
PENSACOLA, FL 32501**



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1699468**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KINSEY, ROY M.  
438 E. GOVERNMENT ST.  
PENSACOLA, FL 32501**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

000000584962  
01/12/07-80058-007 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME KINSEY, ROY M., JR.  
STREET ADDRESS 438 E. GOVERNMENT ST.  
CITY-STATE-ZIP PENSACOLA, FL

TITLE VD  
NAME TROXEL, THEODORE J.  
STREET ADDRESS 438 E. GOVERNMENT ST.  
CITY-STATE-ZIP PENSACOLA, FL

TITLE TD  
NAME JOHNSON, RONALD W.  
STREET ADDRESS 438 E. GOVERNMENT ST.  
CITY-STATE-ZIP PENSACOLA, FL

TITLE SD  
NAME WALDBORSKY, EDWIN W.  
STREET ADDRESS 438 E. GOVERNMENT ST.  
CITY-STATE-ZIP PENSACOLA, FL

TITLE ASD  
NAME BRADLEY, BRENT F  
STREET ADDRESS 438 E. GOVERNMENT ST  
CITY-STATE-ZIP PENSACOLA, FL 32502

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

*Roy M. Kinsey Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8 JANUARY 2007 850 434-5267**

Date

Daytime Phone #