

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90018 009 ***158.75

DOCUMENT # 601140

1. Entity Name
LEVIN, PAPANTONIO, THOMAS, MITCHELL, ECHSNER &
PROCTOR, P.A.



Principal Place of Business
316 S. BAYLEN STREET., SUITE 600
P.O. BOX 12308
PENSACOLA, FL 32581 US

Mailing Address
316 S. BAYLEN STREET., SUITE 600
P.O. BOX 12308
PENSACOLA, FL 32581 US

94045142



03172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1266412

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LOGAN, FLACK C
316 S BAYLEN ST #600
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME PROCTOR, MARK J
STREET ADDRESS 316 S. BAYLEN STREET., SUITE 600
CITY-ST-ZIP PENSACOLA, FL 32581

TITLE S
NAME THOMAS, LEO A
STREET ADDRESS 316 S. BAYLEN STREET., SUITE 600
CITY-ST-ZIP PENSACOLA, FL 32581

TITLE V
NAME BLANCHARD, M ROBERT
STREET ADDRESS 316 BAYLEN ST, #600
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark J. Proctor, President

3/17/2004 850-435-7000

Date

Daytime Phone #