

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90040 004 ***150.00

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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 32502 US

Mailing Address

316 S. BAYLEN STREET., SUITE 600
P.O. BOX 12308
PENSACOLA, FL 32591 US

DO NOT WRITE IN THIS SPACE

04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1266412	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, ROBERT E JR
316 S BAYLEN ST #600
PENSACOLA, FL 32502

**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 state if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 32591
TITLE	S
NAME	THOMAS, LEO A
STREET ADDRESS	316 S. BAYLEN STREET., SUITE 600
CITY-ST-ZIP	PENSACOLA, FL 32591
TITLE	V
NAME	BLANCHARD, M ROBERT
STREET ADDRESS	316 BAYLEN ST, #600
CITY-ST-ZIP	PENSACOLA, FL 32502
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 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:

[Signature] DIRECTOR OF ADMINISTRATION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #