## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 12, 2007 8:00 am Secretary of State **DOCUMENT #628978** 03-12-2007 90105 049 \*\*\*150.00 CD'S OF PENSACOLA, INC. Principal Place of Business Mailing Address 60022976 % D. JOSEPH BORTONE % D. JOSEPH BORTONE 7405 CAMALE DRIVE 7405 CAMALE DRIVE PENSACOLA, FL 32504 PENSACOLA, FL 32504 2. Principal Place of Business - No P.O. Box # 3. Mailing Address LN 5065 AVOCET 5065 Suite, Apt. #, etc. Suite, Apt. #, etc. 02232007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For PENSACOLA ENSACOLA 62-1067535 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent BORTONE, D. J. Street Address (P.O. Box Number is Not Acceptable) 7405 CAMALE DRIVE PENSACOLA, FL 32504 CIPENISACOLA Zip Code 32514 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE titi = Change Delete BORTONE, D. JOSEPH NAME NAME 5065 AVOCET STREET ADDRESS 7405 CAMALE DR STREET ADDRESS PENSAGUA, FL 32514 CITY-ST-ZIP PENSACOLA, FL CITY-ST-ZIP TITLE ☐ Delete TITLE Accition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP Dele:e TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE [] Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 250 -478-1280 SIGNATURE:

FILED