


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90019 012 \*\*\*150.00

<b>DOCUMENT # 628978</b> 1. Entity Name CD'S OF PENSACOLA, INC.																											
Principal Place of Business 5065 AVOCET LN PENSACOLA, FL 32514 US		Mailing Address 5065 AVOCET LN PENSACOLA, FL 32514 US																									
2. Principal Place of Business - No P.O. Box # <b>7405 CAMALE DR</b>		3. Mailing Address <b>7405 CAMALE DR</b>																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State <b>PENSACOLA, FL</b>		City & State <b>PENSACOLA, FL</b>																									
Zip <b>32504</b>		Zip <b>32504</b>																									
Country		Country																									
4. FEI Number <b>62-1067535</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>BORTONE, D. J</b> <b>5065 AVOCET LN</b> <b>PENSACOLA, FL 32514</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>BORTONE, D. JOSEPH</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>5065 AVOCET LN</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>PENSACOLA, FL 32514</b></td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> Delete	NAME	<b>BORTONE, D. JOSEPH</b>		STREET ADDRESS	<b>5065 AVOCET LN</b>		CITY-ST-ZIP	<b>PENSACOLA, FL 32514</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>7405 CAMALE DR.</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>PENSACOLA, FL 32504</b></td> <td></td> </tr> </table>		TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>7405 CAMALE DR.</b>		STREET ADDRESS	<b>PENSACOLA, FL 32504</b>				
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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: <u><i>D. Joseph Bortone</i></u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3.7.08 Date																									
D. JOSEPH BORTONE		850-478-1280 Daytime Phone #																									