2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# 646454

Entity Name: PEN GULF, INC.

Current Principal Place of Business:

1402 W. ZARRAGOSSA STREET
P.O. BOX 12916
PENSACOLA, FL 32576

New Principal Place of Business:

Current Mailing Address:

1402 W. ZARRAGOSSA STREET
P.O. BOX 12916
PENSACOLA, FL 32576

New Mailing Address:

FEI Number: 59-1953552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COX, NANCY R.
1402 ZARRAGOSSA STREET
PENSACOLA, FL 23501 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	COX, NANCY R	
Address:	1402 ZARRAGOSSA ST.	
City-St-Zip:	PENSACOLA, FL	
Title:	VD	( ) Delete
Name:	COX, CHRISTOPHER K	
Address:	1402 ZARRAGOSSA ST	
City-St-Zip:	PENSACOLA, FL	
Title:	VD	( ) Delete
Name:	COX, CONSTANCE E	
Address:	1402 W ZARRAGOSSA ST	
City-St-Zip:	PENSACOLA, FL	
Title:	VD	( ) Delete
Name:	DORMAN, DAVID D	
Address:	1402 W ZARRAGOSSA ST.	
City-St-Zip:	PENSACOLA, FL 35701	
Title:	S	( ) Delete
Name:	WADE, GARY	
Address:	1402 W ZARRAGOSSA STREET	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	T	( ) Delete
Name:	WADE, GARY	
Address:	1402 W ZARRAGOSSA ST	
City-St-Zip:	PENSACOLA, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY R. COX PD 01/04/2006

Electronic Signature of Signing Officer or Director — Date