

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 646454

Entity Name: PEN GULF, INC.

FILED  
Apr 13, 2009  
Secretary of State

**Current Principal Place of Business:**

1402 W. ZARRAGOSSA STREET  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

1402 W. ZARRAGOSSA STREET  
P.O. BOX 12916  
PENSACOLA, FL 32591

**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 32501      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 32501

Title: VD ( ) Delete  
Name: COX, CHRISTOPHER K  
Address: 1402 ZARRAGOSSA ST  
City-St-Zip: PENSACOLA, FL 32501

Title: VD ( ) Delete  
Name: COX, CONSTANCE E  
Address: 1402 W ZARRAGOSSA ST  
City-St-Zip: PENSACOLA, FL 32501

Title: VD ( ) Delete  
Name: DORMAN, DAVID D  
Address: 1402 W ZARRAGOSSA ST.  
City-St-Zip: PENSACOLA, FL 32501

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 32501

**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 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: GARY WADE

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

T

04/13/2009

\_\_\_\_\_ Date