

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90285 018 ***150.00

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DOCUMENT # 646454

1. Entity Name
PEN GULF, INC.



Principal Place of Business
**1402 W. ZARRAGOSSA STREET
P.O. BOX 12916
PENSACOLA FL 32576**

Mailing Address
**1402 W. ZARRAGOSSA STREET
P.O. BOX 12916
PENSACOLA FL 32576**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-1953552**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COX, NANCY R	
STREET ADDRESS	1402 ZARRAGOSSA ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COX, CHRISTOPHER K	
STREET ADDRESS	1402 ZARRAGOSSA ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COX, CONSTANCE E	
STREET ADDRESS	1402 W ZARRAGOSSA ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DORMAN, DAVID D	
STREET ADDRESS	1402 W ZARRAGOSSA ST.	
CITY-ST-ZIP	PENSACOLA FL 35701	
TITLE	S	<input type="checkbox"/> Delete
NAME	AMMONS, CAROL S	
STREET ADDRESS	1402 W ZARRAGOSSA ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WADE, GARY	
STREET ADDRESS	1402 W ZARRAGOSSA ST	
CITY-ST-ZIP	PENSACOLA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **GREGORY WADE, TREASURER** **04/23/2003** **850/433-6302**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)