

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90075 041 ***150.00

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1. Entity Name
BIZZELL, NEFF & GALLOWAY, P.A.



Principal Place of Business
**3250 NAVY BOULEVARD
PENSACOLA, FL 32505**

Mailing Address
**3250 NAVY BOULEVARD
POST OFFICE BOX 12346
PENSACOLA, FL 32591**

50015210



02082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1956293

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIZZELL, THOMAS M.
3250 NAVY BLVD.
PENSACOLA, FL 32505**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BIZZELL, THOMAS M
STREET ADDRESS 14402 RIVER ROAD
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE STD ☐ Delete
NAME GALLOWAY, JR., SAMUEL B
STREET ADDRESS 2495 SEMORAN DR.
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE VD ☒ Delete
NAME BROTHERTON, CURTIS J
STREET ADDRESS 6203 SIGUENZA DRIVE
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE VD ☐ Delete
NAME CUNNINGHAM, CHRIS
STREET ADDRESS 1526 EL SERENO
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE VD ☐ Delete
NAME MOYER, TIMOTHY C
STREET ADDRESS 600 W. MORENO ST.
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas M. Bizzell

Date

Daytime Phone #

2/10/05