

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90011 030 ***150.00

DOCUMENT # 650444

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062008

Chg-P

CR2E034 (12/06)

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, 2008 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 CUNNINGHAM, CHRIS
STREET ADDRESS 1526 EL SERENO
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE VD ☐ Delete
NAME MOYER, TIMOTHY C
STREET ADDRESS 3641 DEGAS ST.
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS 2099 Garcon Point Rd.
CITY-ST-ZIP Milton, FL 32583

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

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

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 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:

Thomas M. Bizzell

Thomas M. Bizzell

2/16/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #