

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 654533

1. Entity Name
EASTERN BEACH SERVICE OF PENSACOLA, INC.



Principal Place of Business
**5315 EIGHTH STREET
ZEPHYRHILLS, FL 33542**

Mailing Address
**PO BOX 517
ZEPHYRHILLS, FL 33539-0517**



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1993074

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DONAHUE, BRADFORD F
943 CORONADO DR
GULF BREEZE, FL 32561**

**DO NOT WRITE
IN THIS SPACE**

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	DP
NAME	HICKEY, EDWARD F
STREET ADDRESS	5315 EIGHTH STREET
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542
TITLE	DVP
NAME	DONAHUE, BRADFORD F
STREET ADDRESS	5315 EIGHTH STREET
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000284748
04/02/05-80017-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Bradford Donahue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradford Donahue
Vice Pres

Date

850-932-5505

Daytime Phone #