2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 01, 2005 8:00 am -Secretary of State

DOCUMENT # 702847 1. Entity Name PENSACOLA STEAMSHIP ASSOCIATION, INC.			04-01-2005 90016 039 ****61.25				
Principal Place of Business 5323 W HWY 98 PANAMA CITY, FL 32401 US	Mailing Address PO BOX 12921 PENSACOLA, FL 3259	ı us					
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01312005 Ch	g-NP	CR2E037 (10/03)		
Pensacola, FL	City & State		4. FEI Number 59-1945251	 	Ar	pplied For	
Zip 32514 Country US	Zip	Country	5. Certificate of Sta	itus Desired	□ \$8.75 Add	litional	
6. Name and Address of Current	Registered Agent	 	7. Name and Addr	ess of New Re	Fee Require	<u> </u>	
		Name					
RIVAIS, RUBY B. 710 E TEN MILE ROAD PENSACOLA, FL 32514		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
		City			FL Zip Cod	e	
The above named entity submits this statement for the obligations of registered agent.		_	<u>-</u>			·	
SIGNATURE	t and title if applicable. (NO	E: Registered Agent signature requ	ired when reinstating)		DATE		
	9. Election Ca	E: Registered Agent signature requiring region Financing Contribution.	sired when reinstating) \$5.00 May Be Added to Fees		DATE ake check payable to da Department of S		
Filing Fee Is \$61.25 Due by May 1, 2005 10. OFFICERS AND DI	9. Election Ca Trust Fund	mpaign Financing	\$5.00 May Be Added to Fees	Flori	ake check payable t	tate	
Signature, typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2005	9. Election Ca Trust Fund	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Flori	ake check payable to	tate	
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Signature, typed or printed name of registered agent Filling Fee Is \$61.25	9. Election Ca Trust Fund	mpaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-SI-ZIP	\$5.00 May Be Added to Fees	Flori	ake check payable to de Department of Star RS AND DIRECTORS IN	tate	
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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 of the receiver or trustee employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an all achment with an address, with all other like empowered.

SIGNATURE:

UGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES