


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 08:00 AM
Secretary of State

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| DOCUMENT # 715329 |  |
| 1. Entity Name THE PENSACOLA PEN WHEELS, INC./PENSACOLA EMPLOY THE HANDICAPPED COUNCIL | |

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| Principal Place of Business 2210 WARREN JERNIGAN PL PENSACOLA, FL 32514 US | Mailing Address 320 W CERVANTES ST PENSACOLA, FL 32501 US |
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 71-5329271 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent JERNIGAN, WARREN H. 2210 WARREN JERNIGAN PLACE PENSACOLA, FL 32514 | DO NOT WRITE IN THIS SPACE |
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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.

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|-----------------|--|------------|
| SIGNATURE _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JERNIGAN, WARREN H 2210 WARREN JERNIGAN PL PENSACOLA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SMITH, BARBARA D 5605 VESTAVIA LANE PENSACOLA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MCCLENDON, PEARLINE 810 W. GREGORY STREET PENSACOLA, FL 325014627 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/06/05-80024-006 61.25

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 617, 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.

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|---|-------------------------------------|
| SIGNATURE: <i>Barbara D. Smith</i> BARBARA D. SMITH | 1-3-05 (850) 432-8111 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date Daytime Phone #</small> |