

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2007 8:00 am**  
**Secretary of State**

07-17-2007 90108 033 \*\*\*\*61.25

**DOCUMENT # 762403**

1. Entity Name  
**HANNITON WATTS POST 193 INCORPORATED**



Principal Place of Business  
**C/O BENNY BAILEY  
2708 N 12TH AVE  
PENSACOLA, FL 32503-4608 US**

Mailing Address  
**C/O BENNY BAILEY  
2708 N 12TH AVE  
PENSACOLA, FL 32503-4608 US**

**DO NOT WRITE IN THIS SPACE**



07062007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2236356**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLMES, JOSEPH G CMDR  
2708 N 12TH AVE.  
PENSACOLA, FL 32503**

**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

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, JOSEPH 2708 N 12TH AVENUE PENSACOLA, FL 325034608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <del>GREGG, ROBBIE</del> <i>AL CARTER</i> 2708 N 12TH AVENUE PENSACOLA, FL 325034608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAILEY, BENNY 2708 N 12TH AVENUE PENSACOLA, FL 325034608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FO BYRD, WILLIAM 2708 N 12TH AVENUE PENSACOLA, FL 325034608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADJ. <del>RILEY, ANTHONY</del> <i>EUGENE FORD</i> 2708 N. 12TH AVENUE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William E. Ford*  
7-12-07 (850) 433-7271  
Date Daytime Phone #