2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000561

Entity Name: THE PENSACOLA GRAND HOTEL, INC

FILED Feb 06, 2009 Secretary of State

Entity Nar	Me: THE PENS	BACOLA GRAND HOTEL, INC				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
3500 S DU DOVER, D	JPONT HWY DE 19904			3500 S DUPONT HWY DOVER, DE 19901		
Current Mailing Address:			New Maili	New Mailing Address:		
	RANCAS AVE. DLA, FL 32507	US				
FEI Number:	: 51-0344908	FEI Number Applied For ()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
HARRISON, C. B. 4060 BARRANCAS AVE. PENSACOLA, FL 32507 US			4060 BARF	HARRISON, CAROL B 4060 BARRANCAS AVE. PENSACOLA, FL 32507 US		
	named entity su e of Florida.	ubmits this statement for the pu	urpose of changing i	ts registered c	office or registered agent, or both,	
SIGNATUR	RE: CAROL B	HARRISON		02/06/2009		
	Electronic	Signature of Registered Age	nt		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () [HESS, M.W. 4060 BARRANCA PENSACOLA, FL		Title: Name: Address: City-St-Zip:	PD (X HESS, MARILY 4060 BARRANG PENSACOLA, F	CAS AVE	
Title: Name: Address: City-St-Zip:	VD () [YANCEY, J.B. 4060 BARRANCA PENSACOLA, FL		Title: Name: Address: City-St-Zip:	VD (X YANCEY, JACK 4060 BARRANG PENSACOLA, F	CAS AVE	
Title: Name: Address: City-St-Zip:	VD () [LANE, J.K. 4060 BARRANCA PENSACOLA, FL		Title: Name: Address: City-St-Zip:	D (X FARLEY, JOE 4060 BARRANG PENSACOLA, F		
Title: Name: Address: City-St-Zip:	STD () I HARRISON, C.B. 4060 BARRANCA PENSACOLA, FL	AS AVE	Title: Name: Address: City-St-Zip:	STD (X HARRISON, CA 4060 BARRANG PENSACOLA, F	CAS AVE	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	D () MCCAY, JOE 4060 BARRANO PENSACOLA, F		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL B HARRISON S 02/06/2009