

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005357

FILED
Mar 10, 2005
Secretary of State

Entity Name: BOND & BOTES PENSACOLA P.C.

Current Principal Place of Business:

220 WEST GARDEN STREET
SUITE 802
PENSACOLA, FL 32501

New Principal Place of Business:

555 EAST GOVERNMENT STREET
PENSACOLA, FL 32502

Current Mailing Address:

220 WEST GARDEN STREET
SUITE 802
PENSACOLA, FL 32501

New Mailing Address:

555 EAST GOVERNMENT STREET
PENSACOLA, FL 32502

FEI Number: 59-3341329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOTES, BRADFORD W MR.
220 WEST GARDEN STREET
SUITE 802
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

BOTES, BRADFORD W MR.
555 EAST GOVERNMENT STREET
PENSACOLA, FL 32502 US

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.

SIGNATURE: SHAYNA PARRISH MARSTELLER

03/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOTES, BRADFORD W
Address: 4017 KINROSS LANE
City-St-Zip: BIRMINGHAM, AL 35242

Title: VP () Delete
Name: BOND, MARK W
Address: 600 UNIVERSITY PARK PLACE, SUITE 310
City-St-Zip: BIRMINGHAM, AL 352096778

Title: T () Delete
Name: SYKSTUS, RONALD C
Address: 415 CHURCH STREET, SUITE 100
City-St-Zip: HUNTSVILLE, AL 35801

Title: S () Delete
Name: WETZEL, MELISSA W
Address: 220 WEST GARDEN STREET, SUITE 802
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHAYNA PARRISH MARSTELLER

PART

03/10/2005

Electronic Signature of Signing Officer or Director

Date