

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000004173

1. Entity Name
SP PENSACOLA MANAGEMENT CORP.



Principal Place of Business
**15 MAPLE AVE
MORRISTOWN, NJ 07960 US**

Mailing Address
**15 MAPLE AVE
MORRISTOWN, NJ 07960 US**



07262D04 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3531404

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000163874
08/12/04-80001-008 600.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
HANSON, JON F
235 MOORE STREET
HACKENSACK, NJ 07601**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
SCHMIDT, PAUL
159 CLINTON PLACE
HACKENSACK, NJ 07601**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SV
ROSEN, MARK S
235 MOORE STREET
HACKENSACK, NJ 07601**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FEINSTEIN, NORMAN A
100 EXECUTIVE DRIVE
WEST ORANGE, NJ 07052**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
POLEY, M R
235 MOORE STREET
HACKENSACK, NJ 07601**

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 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 607, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**973-
X 734-4132**
Date Daytime Phone #