

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 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

DO NOT WRITE IN THIS SPACE



03272006 No Chg-P CR2E034 (11/05)

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

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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	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	

000000522745
05/03/06-80044-021 150.00

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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and that I am not a minor.

SIGNATURE: *Jon F. Hanson, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06
Date

Daytime Phone #