

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # G66868

1. Entity Name

INSURANCE AND FINANCIAL SERVICES OF
PENSACOLA, INC.



FILED

Mar 28, 2005 08:00 AM
Secretary of State

Principal Place of Business

%PARHAM N. BOOKER, JR.
2810 E. CERVANTES STREET
PENSACOLA FL 32503

Mailing Address

%PARHAM N. BOOKER, JR.
2810 E. CERVANTES STREET
PENSACOLA FL 32503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-2332750

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

BOOKER, PARHAM N., JR.
2810 E. CERVANTES ST.
PENSACOLA FL 32503

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
BOOKER, JR., PARHAM N.
2810 E. CERVANTES ST.
PENSACOLA FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

UOLN110278577
09/28/05-80030-024 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
BOOKER, FRANCES H
2810 E CERVANTES STR
PENSACOLA FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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Change Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Parham N. Booker Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #