


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # G66868 <small>1. Entity Name</small> INSURANCE AND FINANCIAL SERVICES OF PENSACOLA, INC.					
<small>Principal Place of Business</small> %PARHAM N. BOOKER, JR. 2810 E. CERVANTES STREET PENSACOLA FL 32503			<small>Mailing Address</small> %PARHAM N. BOOKER, JR. 2810 E. CERVANTES STREET PENSACOLA FL 32503		
<small>2. Principal Place of Business</small> Suite, Apt. #, etc.			<small>3. Mailing Address</small> Suite, Apt. #, etc.		
<small>City & State</small>			<small>City & State</small>		
<small>Zip</small>		<small>Country</small>		<small>4. FEI Number</small> 59-2332750 <small>Applied For Not Applicable</small>	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required				<small>1st MOORE</small> CR2E034 (10/05)	
<small>6. Name and Address of Current Registered Agent</small> BOOKER, PARHAM N., JR. 2810 E. CERVANTES ST. PENSACOLA FL 32503				<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<small>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.</small>					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-electing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			<small>9. Election Campaign Financing</small> \$5.00 May E <small>Trust Fund Contribution, <input type="checkbox"/> Added to Fees</small>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	PD BOOKER, JR., PARHAM N. 2810 E. CERVANTES ST. PENSACOLA FL	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	U00000457325 03/15/06-80064-005 150.00	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	S BOOKER, FRANCES H 2810 E CERVANTES STR PENSACOLA FL	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	_____	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add	
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	_____	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add	
<small>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.</small>					
SIGNATURE: <i>Parham N Booker Jr</i> Parham N Booker Jr			Date 3/2/06 80434111		