

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90079 039 ***150.00

DOCUMENT # H27504

1. Entity Name
PENSACOLA POB INCORPORATED



Principal Place of Business
**BAPTIST MEDICAL TOWERS
SUITE 320
PENSACOLA, FL 32501 US**

Mailing Address
**1717 NORTH E STREET
SUITE 320, ATTN. J. KENOE
PENSACOLA, FL 32501 US**

40046962



04052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
**1717 N. "E" St.
Suite, Apt. #, etc.
Ste. 320**

3. Mailing Address

Suite, Apt. #, etc.

City & State
Pensacola, FL

City & State

4. FEI Number
59-2462399

Applied For
Not Applicable

Zip
32501

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

**PORTER, JOHN
1717 N. "E" STREET
STE 320
PENSACOLA, FL 32501**

7. Name and Address of New Registered Agent

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, 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 **CD** ☐ Delete
NAME **PORTER, JOHN**
STREET ADDRESS **1717 N. "E" ST., STE. 320**
CITY- ST- ZIP **PENSACOLA, FL 32501**

TITLE **AS** ☐ Delete
NAME **YADEN, DEBRA**
STREET ADDRESS **1717 N. "E" ST., STE. 320**
CITY- ST- ZIP **PENSACOLA, FL 32501**

TITLE **ST** ☐ Delete
NAME **MCGEE, ELEANOR**
STREET ADDRESS **1717 N. "E" ST., STE. 321**
CITY- ST- ZIP **PENSACOLA, FL 32501**

TITLE **VC** ☐ Delete
NAME **CRAMER, MICHELLE**
STREET ADDRESS **1717 NE ST STE 301**
CITY- ST- ZIP **PENSACOLA, FL 32501**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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, with all other like empowered.

SIGNATURE *Debra Yaden* **Debra Yaden, Asst. Sec.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06

Date

850/469-2339

Daytime Phone #