


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # H27504**  
 1. Entity Name  
**PENSACOLA POB INCORPORATED**



Principal Place of Business  
**1717 N "E" ST  
 SUITE 320  
 PENSACOLA, FL 32501 US**

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

**DO NOT WRITE IN THIS SPACE**



03252008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2462399</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

U000000881790  
 04/16/08-80014-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PORTER, JOHN 1717 N. "E" ST., STE. 320 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS YADEN, DEBRA 1717 N. "E" ST., STE. 320 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCGEE, ELEANOR 1717 N. "E" ST., STE. 321 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CRAMER, MICHELLE 1717 NE ST STE 301 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 Asst. Sec.* **3/25/08** **850/469-2339**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #