

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90043 046 ***150.00

DOCUMENT # H60153

1. Entity Name
OSCEOLA PROPERTIES OF PENSACOLA, INC.



Principal Place of Business
**6100 W FAIRFIELD DRIVE
A
PENSACOLA, FL 32506 US**

Mailing Address
~~10289 BOWMAN AVE~~
~~PENSACOLA, FL 32534 US~~
**155 Tall Pines St. us
Vernon, FL 32462**

40040000



DO NOT WRITE IN THIS SPACE

02132008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2662606

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HINOTE, WILLIAM L., JR.
10289 BOWMAN AVE
PENSACOLA, FL 32534**

**155 Tall Pines St.
Vernon, FL
32462**

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

**FILE NOW!!! FEE IS \$160.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HINOTE, WILLIAM L., JR.
STREET ADDRESS	10287 BOWMAN AVE
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	DVS
NAME	HINOTE, DONNA R.
STREET ADDRESS	10289 BOWMAN AVE
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-08

Date Daytime Phone #