

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008249

FILED  
Feb 05, 2008  
Secretary of State

Entity Name: CIRCLE, INC.

**Current Principal Place of Business:**

939 MASSACHUSETTS AVE.  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

939 MASSACHUSETTS AVE.  
PENSACOLA, FL 32505

**New Mailing Address:**

FEI Number: 37-1447890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FLETCHER, ARTHUR L  
1501 W. NINE-AND-ONE-HALF MILE RD.  
CANTONMENT, FL 32533 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WILLIAMS, RUSSELL  
Address: 3061 BELLE MEADE DRIVE, APT C  
City-St-Zip: PENSACOLA, FL 32503 US

Title: P ( ) Delete  
Name: FLETCHER, ARTHUR L  
Address: 1501 W NINE-AND-ONE-HALF MILE ROAD  
City-St-Zip: CANTONMENT, FL 32533 US

Title: VP ( ) Delete  
Name: FLETCHER, PAMELA G  
Address: 1501 W NINE-AND-ONE-HALF MILE ROAD  
City-St-Zip: CANTONMENT, FL 32533 US

Title: D ( ) Delete  
Name: MCCALL, CAPUS I  
Address: 1707 E ANDERSON  
City-St-Zip: PENSACOLA, FL 32503 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA G. FLETCHER

VP

02/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date