2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N02000008249

Entity Name: CIRCLE, INC.

Current Principal Place of Business:

939 MASSACHUSETTS AVE.
PENSACOLA, FL 32505

New Principal Place of Business:

940 MASSACHUSETTS AVE.
PENSACOLA, FL 32505

Current Mailing Address:

939 MASSACHUSETTS AVE.
PENSACOLA, FL 32505

New Mailing Address:

940 MASSACHUSETTS AVE.
PENSACOLA, FL 32505

FEI Number: 37-1447890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FLETCHER, ARTHUR L
Address: 1501 W. 9 1/2 MILE ROAD
City-St-Zip: CANTONMENT, FL 32533 US

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

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

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 02/12/2009
Electronic Signature of Signing Officer or Director — Date