


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90082 033 \*\*\*\*61.25

**DOCUMENT # N93000002514**

1. Entity Name  
 14 SOUTH PALAFOX PLACE, INC.



Principal Place of Business  
 14 PALAFOX PLACE  
 PENSACOLA, FL 32501 US

Mailing Address  
 PO BOX 950  
 PENSACOLA, FL 32594 US

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

01262005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-3156757

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

MAYGARDEN, L A  
 1241 TAMARA DRIVE  
 PENSACOLA, FL 32504

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOONE, JANICE C	
STREET ADDRESS	70 NORTH BAYLEN STREET	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	MAYGARDEN, LA	
STREET ADDRESS	1241 TAMARA DR	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	DST	<input type="checkbox"/> Delete
NAME	RANELLI, EDWARD	
STREET ADDRESS	UNIVERSITY OF WES FLORIDA	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

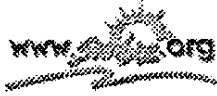
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 617, 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: L.A. Maygarden Date: 2.2.05 Daytime Phone #: 850-434-0268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# ATTACHMENT

40014868



## Division of Corporations

### 2005 Annual Report

**Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.**

This information cannot be changed on the report.	
Document Number	N93000002514
Business Entity Name	14 SOUTH PALAFOX PLACE, INC.
Original File Date	11/13/1992

FEI Number 59-3156757

Principal Address 14 PALAFOX PLACE  
PENSACOLA, FL 32501 US

Mailing Address PO BOX 950  
PENSACOLA, FL 32594 US

Registered Agent L A MAYGARDEN  
1241 TAMARA DRIVE  
PENSACOLA, FL 32504 US

#### Officer/Director Name And Address

D  
~~IANICE C BOONE~~  
~~70 NORTH BAYLEN STREET~~  
~~PENSACOLA, FL 32561~~ } Delete

PCEO  
 LA MAYGARDEN  
 1241 TAMARA DR  
 PENSACOLA, FL 32504

DST  
 EDWARD RANELLI  
 UNIVERSITY OF WES FLORIDA  
 PENSACOLA, FL 32514

If all of the above information is correct and you do not wish to make any changes to the above information, please

# ATTACHMENT

changes, please select:

select:

400 14868

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**Sunbiz Home Page**

**Public Access Help**

# N93000002514